

CHT Healthcare Trust - Hillcrest Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust
Premises audited:	Hillcrest Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 9 September 2025 End date: 10 September 2025
Proposed changes to current services (if any):	None.
Total beds occupied across all premises included in the audit on the first day of the audit:	76

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

CHT Healthcare Trust (CHT) Hillcrest Hospital is certified to provide rest home, hospital (medical and geriatric), dementia, and residential disability levels of care for up to 80 residents. There were 76 residents on the days of audit.

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

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

This certification audit identified the service meets the Standard.

Ō tātou motika | Our rights

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

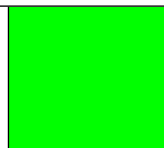


Subsections applicable to this service fully attained.

CHT Hillcrest Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service works to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

CHT Healthcare Trust has an overarching strategy map with clear business goals to support organisational values. The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data is completed, with corrective actions developed as indicated. Meeting schedules are maintained. A health and safety programme is implemented. Hazards are managed. Incident forms are

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

CHT Hillcrest has an admission package available prior to, or on entry to the service. The care home manager and clinical coordinator efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent health care assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

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

The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

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

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

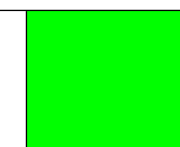
Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and

resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

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

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

Here taratahi | Restraint and seclusion

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.
---	---	--

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a RN. The facility has two residents currently using restraints. Use of restraints is considered as a last resort only after all other options are explored. Education is provided to staff around restraint minimisation. A restraint register is maintained, and restraints are reviewed on a regular basis.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	180	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

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

		individual values and beliefs. The service has links with the local Māori community and health service providers.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the CHT Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were residents identifying as Pasifika at the time of the audit; the care home manager and area manager confirmed that the residents' whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Interviews with eight residents; two rest home, six hospital level, and nine family/whānau (seven hospital and two dementia) confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected. This was also evident in interviews conducted by the consumer auditor whereby four younger persons with disability (YPD) out of the six hospital level residents, and two YPD families (of the seven hospital level families interviewed) confirmed the above.</p> <p>CHT Hillcrest Hospital actively consults with current Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. There are relationships and consultation with Pacific providers and includes (but not limited to) Pacific churches, and elders to provide services for Pacific people and staff.</p> <p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pacific languages. There are staff currently employed that identify as Pasifika. The service continues to provide equitable employment opportunities for the Pacific community (currently 31% of staff identify as Pasifika).</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 of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The care home manager, clinical coordinator or RNs discuss aspects of the Code with residents and their family/whānau on admission. Families/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>There are links to spiritual supports. Staff receive education in relation to the Code at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process, as sighted in the information pack given to residents on admission and noted with one active complaint. The service recognises Māori mana motuhake through its Māori health plan, specific resident focussed goals, and staff could describe how they fully support the values and beliefs of any Māori residents and 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. 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 Hillcrest Hospital 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, and confirmed in interviews conducted on site, and remotely by the consumer auditor. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and</p>

		<p>listening to tāngata whaikaha when planning or changing services.</p> <p>Satisfaction surveys completed in 2024 and 2025 confirmed that residents and families/whānau felt they are treated with respect. This was also confirmed during interviews with residents and families/whānau. Results are regularly shared at residents' meeting. A sexuality and intimacy policy is in place with training part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Families/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Residents are encouraged and supported to participate in te ao Māori through the activities plan. Staff were observed to use person-centred and respectful language with residents, including young people with disabilities who confirmed they are able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity.</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. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. The management team confirmed that cultural diversity is embedded at CHT Hillcrest Hospital, and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity and tikanga Māori</p>
--	--	--

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. 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 is a set of standards and outlines the behaviours and conduct that all staff employed at CHT Hillcrest Hospital are expected to uphold. CHT organisational policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. CHT as an organisation is inclusive of ethnicities, and cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. CHT Māori Health Strategy includes strategies to abolishing institutional racism. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the clinical coordinator, RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. There are short, and long-term objectives in the CHT Māori health plan and cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p>	<p>FA</p>	<p>Information regarding the service is provided to residents and relatives on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open</p>

<p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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>disclosure policy alert staff to their responsibility to notify family/next of kin of any adverse event that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified relatives are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated in addition to staff members who speak the residents' languages. At the time of the audit all residents spoke English. Language and communication needs of young people with disabilities are considered, and use of alternative information and communication methods are available and used where applicable.</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. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand Health specialist services.</p> <p>The delivery of care includes a multidisciplinary team approach, with residents and family/whānau providing consent for information sharing and then receiving effective communication regarding services involved. The management team were able to describe an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events and changes through regular communication and newsletters.</p>
<p>Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my</p>	<p>FA</p>	<p>There are policies around informed consent. Nine resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for</p>

<p>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>vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship, and activation letters were on resident files where required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The care home manager maintains a record of all complaints, both verbal and written by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Five complaints have been lodged in 2024, and ten in 2025 year to date. All internal complaints were of a minor nature, and no trends were identified. There have been two external complaints received via HDC (December 2024 and April 2024) to which the service has fully responded and are awaiting further information from HDC.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly and create a platform where concerns can be raised. During interviews with family/whānau, they confirmed the care home manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The</p>

		<p>management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication. Staff are informed of complaints (and any subsequent corrective actions) in the quality/staff and RNs meetings (minutes sighted). Any higher risk complaints would be managed with the support of the area manager.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>CHT Hillcrest Hospital is owned by CHT Healthcare Trust, providing hospital (geriatric and medical), dementia, rest home, and residential disability (physical) levels of care for up to 80 residents. Sixty beds are certified for dual purpose use, and there is a 20-bed secure dementia unit. All rooms are designed for single occupancy. On the day of audit there were 76 residents in total. There were 12 rest home, 17 dementia level, and 42 hospital level residents including four hospital residents on a long-term support- chronic health care (LTS-CHC)contract. There were four residents on a younger person with disability (YPD) contract and one younger person funded by the accident compensation corporation (ACC). All other residents were under the age-related residential care services agreement.</p> <p>CHT has an overarching strategy map with clear business goals to support organisational values. One of CHT's key business goals is to provide equal access to aged care services. They aim to achieve this by providing affordable care and by enhancing physical and mental wellbeing of their residents. CHT premium rates and room sizes are in line with those principles, supporting their goal. The business plan includes a mission statement and operational objectives with site specific goals related to budgeted occupancy, complaints management, resident satisfaction, availability of standard rooms, customer engagement and staff satisfaction. The care home manager reports on these areas monthly to the area manager. CHT is a charitable/ not for profit organisation whose organisational philosophy and strategic plan reflects a person/family centred approach.</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</p>

	<p>of the Board is also an experienced director and chairs other organisational Boards. The area manager confirmed the strategic plan, its reflection of collaboration with Māori, which aligns with Manatū Hauora Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>There are two Board sub committees that are involved in the quality and risk management system: the Quality, Health & Safety Committee (QHSC), and the Audit and Risk Committee.</p> <p>The Quality, Health & Safety Committee (QHSC), reports to the Board and monitors CHT's compliance with its policies and procedures on quality health and safety and relevant legislation and contractual requirements, as a part of its responsibilities. The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed monthly in unit review meetings, as well as being discussed in the monthly staff/quality meetings.</p> <p>The Audit and Risk Committee assists the Board in fulfilling its responsibilities relating to accounting and reporting, and risk management practices.</p> <p>The area managers provide the clinical oversight for the care facilities and provide a detailed analysis of clinical data to the Board prior to every Board meeting. Discussions are held at the Board meeting around the issues raised and any corrective actions taken. The clinical data is compared both internally as well as externally against the national clinical benchmarking data and is reported on quarterly.</p> <p>CHT's Māori health plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring. Cultural advisors at the governance level ensure Māori have meaningful representation in order to have substantive input into organisational operational policies. CHT's Māori Health Plan has a set of actions to address barriers to Māori accessing care and employment within CHT. The principles of these actions are also applied to people with disabilities. One of the actions from the Māori Health plan is to develop meaningful relationships with kaumātua/kuia/koroua at</p>
--	---

		<p>governance, operational and service level. CHT have established a Māori working party to complement this action, including respected kaumatua. The Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The care home manager has completed more than eight hours of training related to managing an aged care facility and include interRAI, privacy related training, CHT specific business, infection control, cultural and restraint training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>CHT Hillcrest Hospital 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 (e.g., falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed at facility level, and benchmarked within the organisation. Meeting minutes reviewed evidence quality data is shared in staff meetings. Internal audits are completed six-monthly by the area manager. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved.</p> <p>The service utilises quality data to identify improvements within individual facilities and organisation wide. CHT Hillcrest have been working on decreasing pressure injuries. Between October 2024 and March 2025, a total of ten pressure injuries were recorded, corresponding to a rate 0.7 per 1000 bed days. December marked the highest incidence with a notable spike involving four new pressure injuries in three different stages: unstageable, stage one and two. All were facility acquired. In March two pressure injuries were reported, one unstageable and one stage two. The aim of the initiative was to achieve a 50% reduction in pressure injury incidence within six months through consistent implementation of evidence-based prevention strategies supported by monthly monitoring, quarterly wound care team meeting and staff education. Currently there is one resolving suspected deep tissue injury which has almost</p>

	<p>healed.</p> <p>Quality data analysis identified a high incidence of falls. There were 95 incidents of falls recorded between September 2024 and March 2025. A quality initiative was implemented and included the Frailty Guide being introduced to the nursing team, targeted education sessions such as Manual Handling were conducted, health and safety representatives became actively involved, attending meetings and reporting gaps directly to management which were promptly addressed. Nursing team meetings reinforced fall prevention strategies including increased rounding and adherence to care plans, particularly staffing ratios when carrying personal cares to a resident. A project was launched to improve the accessibility and clarity of care plans by placing simplified summaries in each resident's room. These visual summaries are accompanied by coloured images which are prominently displayed on each resident's pinboard to ensure clear visibility for all staff, visitors, and family members. Quality data from April 2025 to September 2025 identified falls have reduced to 75 over this period. Quality data evidence a continued downward trend of fall related incidents.</p> <p>Combined staff/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. Resident/family satisfaction surveys are completed monthly, with a selection invited each month (on the yearly anniversary of their admission), with the aim of covering all residents and families/whānau in a calendar year. Surveys completed in 2024 and 2025 reflect high levels of resident/family satisfaction.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the Ngā Paerewa Standard (NZS 8134:2021). Staff have completed a range of training, including cultural awareness training, to ensure a high quality of service is delivered to all residents within the service. A health and safety system is being implemented, with the service having trained health and safety representatives. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff</p>
--	--

		<p>accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Accident/incident forms reviewed indicated that the electronic forms are completed in full and are signed off by the care home manager or clinical coordinator. Incident and accident data is collated monthly and analysed by both the care home manager and the area manager. Results are discussed in the staff/quality meetings.</p> <p>Discussions with the care home manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications and severity assessment code (sac) notifications have been submitted as required. There have been 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>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available HCAs, RNs, casual staff, or bureau staff. Out of hours on-call 24/7 cover is shared between the care home manager and clinical coordinator. The area manager will perform the care home manager's role in her absence. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The care home manager and clinical coordinator are both available from Monday to Friday. The full RN compliment roster is documented.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training, and topics related to caring for younger people (engaging persons in meaningful activities). 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</p>

		<p>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 with 45 having attained a level 3 or higher qualification. Thirty-five HCAs work regularly in the secure dementia unit, all of whom have achieved the required dementia standards. The CHT Hillcrest Hospital orientation programme ensure core competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint; handwashing; correct use of PPE; cultural safety; and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional RN specific competencies include syringe driver and interRAI assessment competency. Nine of ten RNs are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All RNs are encouraged to attend in-service training and have completed training around infection control, including pandemic preparedness, effective communication in the care setting, and management of diabetes, dementia, and delirium. All staff are encouraged to attend staff meetings where quality data and ethnicity data is shared.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Details of the Employee Assistance Programme (EAP) are available to staff for support both with work and home life issues.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Nine staff files reviewed (two RNs, one EN, three HCAs, one administrator, and two activity coordinators) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes,</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>accountability, responsibilities, and functions to be achieved for each position. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified for staff, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented CHT business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The area manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a 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>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Nine admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The care home manager and clinical coordinator are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. CHT Hillcrest is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes and liaison with their local marae and other maraes through whanau connections. They can also access Māori advisory services.</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>FA</p>	<p>Nine files were reviewed for this audit: five hospital resident files including one resident on a LTS-CHC contract and one resident on an ACC contract. One resident on a YPD contract, two rest home and two dementia. The unit coordinators and the registered nurses (RN) are responsible for conducting all assessments and for the</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process as evidenced in the files reviewed.</p> <p>A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. There is also a Pasifika health care plan to ensure the service supports Pasifika and their family/whanau.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (excluding the ACC contract) had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans were holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. Short-term care plans for infections, weight loss, behaviour that challenges and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner. The resident on the ACC contract had appropriate assessments completed which were linked to the long-term care plan.</p> <p>A general practitioner (GP) ensures residents are assessed within five working days of admission. The GP reviews each resident monthly in the hospital and three monthly in the rest home and dementia unit. The GP practice provides on-call service for after hours. The clinical coordinator is available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and the RN's competence at CHT Hillcrest. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a contracted physiotherapist who works six hours a week. The CHT dietitian is contacted as required. A podiatrist visits six weekly and a speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p>
---	--

	<p>Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by registered nurses and HCAs. The registered nurses further add to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the unit coordinators who then initiate a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There was one resident with a minor wound, one with a diabetic ulcer, one with a cancerous skin lesion, one resolving stage 1 pressure injury and one resolving suspected deep tissue injury (sac report sighted). The cancerous lesion is being reviewed by the dermatology clinic. The wound care specialist had been accessed for input to the diabetic ulcer. All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations, including photographs to show healing progression. The wound care specialist had been accessed for input to the suspected deep tissue injury. The HCAs and RNs interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; repositioning and restraint monitoring. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
--	---

<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is a team of five activities coordinators (two of whom are diversional therapists (DT). The team covers seven days a week. The programme is supported by the HCAs.</p> <p>The programme is planned monthly, and the calendar is placed in large print on all noticeboards. Those residents who want one can have a copy in their rooms. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Waitangi weekend, Māori language week and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and chit-chat. There are lounges where residents and families/whānau can watch television and access newspapers, games, puzzles, and books.</p> <p>There is a set programme in the dementia unit; however, all staff are very aware that this programme needs to be flexible. The residents in the dementia unit have an individualised 24-hour activity plan documented for each resident.</p> <p>A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; board gaming; hand pampering; bingo and happy hour. There are daily morning walks in each unit, regular van drives for outings, regular entertainers visiting the residents, regular church services and Roman Catholic communion. The van outings are short</p>

		<p>for those with a short attention span, and longer for those residents with a greater concentration span. There are two facility cats and pet therapy dogs visit.</p> <p>Activities for the younger residents included one on one activities and outings and movies of their choice.</p> <p>There are quarterly resident meetings in the rest home and hospital. Activities staff rely on feedback from other staff and family/whanau in the dementia unit. Residents and family/whanau can also provide feedback on activities at the six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging. Family/whanau acknowledged the difficulties in the dementia unit but said staff did an amazing job.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Eleven RN's have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo</p>

		<p>identification and allergy status identified. There was one rest home resident self-medicating on the days of audit. There was a consent form signed by the GP, RN and resident. This is reviewed three monthly. All of the resident's medications were stored in a locked drawer.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system. Medication competent HCAs or registered nurses sign when the medication has been administered. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and clinical coordinator described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are prepared and cooked on site by an external contractor. There is a chef manager, a weekend cook and two kitchen hands on a rostered basis. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in place.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian. There is a food services manual available on an electronic device. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The chef manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are built into the menu plan (coconut buns, curries, kai moana) and family/whanau can bring special meals for their relatives. Residents have access to nutritious</p>

		<p>snacks 24 hours a day. On the day of audit, meals were observed to be well presented. Healthcare assistants interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to dining rooms using hot boxes. There was a pleasant ambiance in the dining rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area especially in the dementia unit. Encouragement is given to stay seated for those residents who wander/constantly walk. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The clinical coordinator and registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness is current. Maintenance is managed by CHT head of properties and implemented by a maintenance person covering two CHT facilities. There is an annual maintenance plan for planned maintenance including checks and compliance for the building warrant of fitness, testing and tagging of electrical equipment, calibration and servicing of clinical equipment and hoists, testing of the call bell system, hot water checks and maintenance of the building and grounds. Records reviewed evidenced all equipment tag, test and calibration checks have been completed annually as scheduled. CHT Hillcrest uses a transport company to transport residents on outings in a mobility van. Staff log maintenance or repair requests on an electronic system. This is automatically alerted to the maintenance person and signed off when repairs have been completed. Essential contractors such as plumbers, boilers, refrigeration service people and electricians are available 24 hours a day as required. Staff interviewed stated they have adequate equipment to safely deliver care for residents needs.</p> <p>A tour of the facility was conducted. The facility is a single-level building featuring six wings designated for the hospital and rest home, along with two wings for the dementia unit. Each room on the rest home/ hospital side has its own ensuite bathroom. There are no shared rooms. Residents can easily access the garden. There is a well-appointed courtyard with seating and shade.</p> <p>Most of the hospital is carpeted with vinyl surfaces in bathrooms/toilets and kitchenette areas. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and can personalise their room. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>There are handrails in hallways and private and communal toilets. The hallways are wide. The lounges allow ample room for residents to mobilise and use equipment safely. The dining rooms are at the end of the lounges and there is also a kitchenette. There are spaces for residents to have quieter times or entertain visitors. Activities take place in the communal lounges.</p>
--	-----------	---

		<p>There are sufficient communal toilets situated in close proximity to communal areas. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are signs on all shower/toilet doors. The visitor's toilet is situated near the reception.</p> <p>The environment and setting were observed to be culturally safe for Māori and family/whānau, and Māori residents had their artwork displayed inside their room. All bedrooms and communal areas have ample natural light and ventilation. The central heating throughout the facility is set to an ambient temperature. There is ample space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported they have plenty of space to provide care to residents. The facility is non-smoking. There is ample natural light in all resident rooms and communal areas throughout the facility.</p> <p>Dementia unit.</p> <p>The unit has vinyl flooring throughout. Residents are encouraged to personalise their room. All rooms are single with hand-basins. Showers and toilets are communal. The toilet doors have pictures of toilets on them. Residents were observed moving freely around the areas with mobility aids where required. There are small groupings of chairs which provide quieter spaces within the lounge. The outdoor area is safely fenced and there is a long-looped pathway. There is also a small gazebo which has a thatched roof Pasifika style.</p> <p>The care home manager and the clinical coordinator described how they would utilise their links with the kaumātua and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori in any new construction.</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>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and</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>Emergency New Zealand on the 15 February 2018. Fire evacuation drills are held six-monthly. Civil defence supplies are stored in an identified cupboard and are checked six-monthly. The facility has ordered a generator to have on-site. Meantime they have an agreement with a contractor to hire one in the event of a power outage. There are gas barbeques to cook on. There is an adequate food supply available for each resident for minimum of three days. Emergency water tanks provide 3,650 litres of mains water storage. They are connected to the water supply via a UV filter system.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. The RNs, the activity coordinators and a selection of HCAs hold current first aid certificates ensuring there is a first aid trained staff member on duty 24/7. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there are nightly security patrols (contractor).</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<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 an external provider, and they meet annually with all CHT infection control staff following this review. Infection control audits are conducted. Infection rates are presented and discussed at quality and staff meetings. Infection control data is also sent to head office where it is reported at monthly Board meetings. The data is also benchmarked with other CHT facilities. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from the Infection Service and Health New Zealand. The</p>

		<p>service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, medical notes, as well as the prescribing patterns of medical practitioners.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility. Residents and staff are offered vaccinations as required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A registered nurse oversees infection control and the AMS programme across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection control programme has been approved and is reviewed annually.</p> <p>The service has an outbreak and pandemic response plan (incorporating Covid-19), which includes preparation, planning and the management of outbreaks. There is ample personal protective equipment (PPE), with extra stocks available as required. There is a process to ensure stock gets rotated and checked for expiry dates.</p> <p>The infection control resource nurse (IFCRN) has completed infection control education. There is good external support from the GP, laboratory, the external provider, and Health New Zealand infection control nurse specialist. The IFCRN has input to purchasing supplies, equipment, other related clinical policies that may impact on HAI risk.</p> <p>The online infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the external provider in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use, and internal audits have been updated to</p>

		<p>include this. 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.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional infection control training and Covid-19 management. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on pandemic policies and procedures through resident meetings, newsletters, and emails. The management team and IFCRN would liaise with their community iwi links should the design of any new building or significant change be proposed to the existing facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes through a monthly multidisciplinary meeting. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are collated monthly and reported to the quality and infection control meetings, as well as CHT head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>and annually. Infection control surveillance is discussed at quality and staff meetings and sent to CHT head office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from CHT head office and Health New Zealand for any community concerns.</p> <p>There have been no outbreaks since the previous audit; however, the facility has a pandemic plan and Covid-19 Response Framework. The IFCRN explained staff are well trained to respond rapidly. Families/whānau would be kept informed by phone or email in case of an outbreak, and visiting would be able to continue under restricted conditions.</p>
<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. A chemical provider monitors the effectiveness of chemicals. Cleaning is done by on-site cleaners who are contracted by an external service. There are sluice rooms with a sanitiser for the disposal of soiled water or waste. The sluice rooms are kept closed when not in use.</p> <p>All laundry for CHT Hillcrest Hospital is processed on site (external building) by a contracted service. There are defined clean/dirty areas for the pickup and drop off. There are clear processes to guide staff in the transportation and distribution of the linen.</p>

		Cleanliness of the environment, including cleaning and laundry services are monitored by the infection control coordinator, and area manager through the internal auditing system. Residents and family/whānau interviewed were satisfied with the standard of cleanliness and laundry services.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a RN. There are currently two hospital level care residents listed on the restraint register as using bed rails. The residents use bed rails to provide safety, minimise risk of injury, assistance with bed mobility, and repositioning. Both bed rails have covers.</p> <p>The use of restraint is reviewed monthly by the restraint coordinator and reported at the staff meetings to the clinical coordinator and to head office. The resident and/or family/whānau are consulted on the restraint procedures, as part of the restraint review processes, as required. all restraint reviews are conducted with the resident and family/whānau present so the voice of the resident can be heard. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p>	FA	A restraint register is maintained by the restraint coordinator. The files of the two hospital residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g., falls prevention

<p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>strategies, managing behaviours). The residents were using restraint as a last resort and/or at the insistence of them or their activated EPOA. Written consent was obtained from each resident and/or their EPOA. The use of restraint is approved by the GP and reviewed monthly. No emergency restraints have been required; however, the use of emergency restraint and the requirement for a debrief meeting is included in the restraint policy. The restraint coordinator was fluent in the definition of emergency restraint and the processes around this including the requirement for a debrief meeting to be held with staff, the resident and family/whānau.</p> <p>he current restraints are scheduled to be monitored four-hourly, and this is occurring. Monitoring includes resident's cultural, physical, psychological, spiritual, and psychosocial needs. No accidents or incidents have occurred as a result of restraint use. Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes place annually.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The annual review is completed by the restraint coordinator and the restraint support staff at CHT head office. The outcome of the internal audit is discussed in meetings. The restraint coordinator reports to all staff at monthly meetings. This report includes a review of restraint use, restraint incidents (should they occur), and education needs. Each resident utilising restraint and/or their EPOA has input into the review process. Restraint data, including any incidents, are reported as part of the restraint coordinator reporting to the clinical coordinator and head office. A comprehensive review of individual restraints is conducted at least six-monthly during care plan reviews.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.