

CHT Healthcare Trust - CHT Glynavon

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:	CHT Glynavon	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 20 January 2026	End date: 21 January 2026
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:	31	

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

General overview of the audit

CHT Healthcare Trust (CHT) Glynavon is certified to provide hospital (medical and geriatric) and rest home level of care for up to 33 residents. There were 31 residents on the days of audit.

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

The care home manager (registered nurse) 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 Glynavon 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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
--	--	---

Entry into the facility is managed in a timely and equitable manner. Accurate information about the facility and services is available in a range of formats. Registered nurses are responsible for assessments, care planning, and evaluation in collaboration with residents and family/whānau. A general or nurse practitioner completes initial assessments and regular reviews within the required timeframes. Residents have their needs met in a manner that respects their cultural values and beliefs.

The activities programme is varied and based on residents' interests and preferences. Weekly van outings occur and entertainers regularly visit the facility.

Medication management meets legislative requirements. Staff administering medications are required to pass competency tests annually. All medication charts were completed correctly and evidenced allergies and sensitivities.

The food service is contracted out with all meals prepared and cooked onsite. There is a current food control plan. Nutritional needs and preferences of residents are identified on admission and during regular reviews. Dietary needs, allergies, intolerances, and preferences are catered for. The menu caters for cultural preferences and has been reviewed by a dietitian.

Discharge and transfer are managed safely in collaboration with residents and their family/whānau.

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

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

There is a current building warrant of fitness. There is a preventative and reactive maintenance plan implemented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is adequate space throughout the facility for residents to move around freely with mobility aids. There are sufficient toilet and bathing facilities. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including a pandemic. There are emergency supplies for at least three days. A staff member trained in first aid is on duty at all times. There are appropriate security measures in place overnight.

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 residents, staff, 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.
---	--	--

A registered nurse is the restraint coordinator. The policy and procedures include processes for consent, approval, monitoring, and evaluation that are in accordance with the standard. The service is committed to a restraint-free environment and there is no use of restraint.

Staff receive training during orientation and an annual basis on the policy and procedures, alternatives to restraint and de-escalation.

Summary of attainment

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

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

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. CHT is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and evidenced in practice. Links are established with local kaumātua. Māori assessments are completed for residents who identify as Māori.</p> <p>The care home manager confirmed that they support increasing Māori capacity by employing more Māori staff members when they apply for employment opportunities at CHT. The CHT Glynavon business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were no 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>Eleven staff were interviewed, (five healthcare assistants (HCAs), two registered nurses (RN), one area kitchen manager, one cleaner, an activities coordinator and one maintenance officer), described how care is based on the resident's individual values and beliefs.</p>

		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 which focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture</p> <p>On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit. The care home manager confirmed that family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, feedback around satisfaction of the service, and recognition of cultural needs. Interviews with seven residents (four rest home, three hospital level), and one family/whānau (hospital level) confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>CHT Glynavon 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, and the service continues to provide equitable employment opportunities for the Pacific community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	FA	The Health and Disability Commissioner's (HDC) 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

<p>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>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. Family/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 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.</p> <p>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 family/whānau.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The HCAs interviewed described how they support residents to choose what they want to do. 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 Glynavon 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 listening to tāngata whaikaha when planning or changing services.</p> <p>Satisfaction surveys completed in 2024 and 2025 confirmed that residents and family/whānau felt they are treated with respect. This</p>

		<p>was also confirmed during interviews with residents and a family/whānau member. Results are regularly shared at residents' meeting.</p> <p>A sexuality and intimacy policy is in place with training part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Family/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met.</p> <p>Residents are encouraged and supported to participate in te ao Māori through the activities plan. Staff were observed to use person-centred and respectful language with residents, 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. The family/whānau member interviewed confirmed they felt welcomed at the facility. 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 Glynaton, 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</p>	<p>FA</p>	<p>Glynaton policies aim to prevent any form of discrimination, coercion, harassment, abuse and revictimization, or any other exploitation. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at CHT Glynaton are expected to uphold. CHT organisational policies aim to prevent any form of discrimination, coercion, harassment, or any other</p>

<p>safe and protected from abuse.</p>		<p>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. The CHT Māori Health Strategy includes strategies to abolish institutional racism. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service respects residents' property, and implements a process to manage residents' comfort funds, such as sundry expenses. 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.</p> <p>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. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for any Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear</p>	<p>FA</p>	<p>Information regarding the service is provided to family/whānau on admission. Monthly resident focus groups, and three-monthly resident and family/whānau meetings identify feedback and there is evidence of consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open</p>

<p>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/whānau/next of kin of any adverse event that occurs. Electronic accident/incident forms have a section to indicate if family/whānau 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; however, language and communication needs of residents are considered, and use of alternative information and communication methods are available for use if required.</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 sharing of information with other agencies involved in the resident's care. 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 a family/whānau member interviewed confirmed 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. Six 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. Family/whānau 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 family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with family/whānau 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 HDC. There were no complaints lodged in 2024, and nine in 2025 year to date. All internal complaints were of a minor nature, and no trends were identified. There have been no external complaints.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident focus groups provide a platform where concerns can be raised. Family/whānau interviewed 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. 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), and that complainants were kept informed of findings.</p> <p>Information about support resources for Māori is available to staff to</p>

		<p>assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the quality/staff and clinical 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 Glynavon is owned by CHT Healthcare Trust, providing hospital (geriatric and medical), and rest home levels of care for up to 33 residents. There are two double rooms, and the remaining 29 rooms are single occupancy. There are five dedicated rest home rooms and 26 dual purpose rooms. On the day of audit there were 31 residents in total. There were nine rest home, and 22 hospital level residents, including four hospital residents on a Long-Term Support – Chronic Health Conditions (LTS-CHC), and two residents on a Young Person with Disability (YPD) contract. All other residents are under the Age-Related Residential Care Services (ARRC) 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 the 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</p>

	<p>expertise to the Board, including legal, accounting, medical, human resources, marketing, and business management. The Chairperson of the Board is also an experienced director and chairs other organisational Boards. The area manager confirmed the strategic plan, its reflection of collaboration with Māori, which aligns with Manatū Hauora Ministry of Health strategies and addresses barriers to equitable service delivery. Collaboration with staff, residents, and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>There are two Board sub committees that are involved in the quality and risk management system: the Quality, Health and Safety Committee (QHSC), and the Audit and Risk Committee. The Quality, Health and 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 quality/staff meetings. 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 (experienced RNs) 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</p>
--	--

		<p>CHT. The principles of these actions are also applied to people with disabilities. One of the actions from the Māori Health plan is to develop meaningful relationships with kaumātua/kuia/koroua at governance, operational and service level. CHT have 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 Glynavon 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 quality/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>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</p>

		<p>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 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 quality/staff 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 have been submitted appropriately. There have been no instances requiring severity assessment code (SAC) reports to be submitted. 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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. 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 their absence. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. The care home manager and clinical coordinator are both available from Monday to Friday. The service is fully staffed with RNs.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory</p>

		<p>training (non-clinical and clinical topics), which includes cultural awareness training. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training through Health New Zealand, hospice and the organisation's online training portal which can be accessed on personal devices.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification with eight having attained a level 3 or higher qualification. The CHT Glynavon 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. Additional RN specific competencies include syringe driver and interRAI assessment competency. Three of eight RNs are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All staff, including RNs, attend relevant quality/staff and quality/staff meetings when possible. All RNs are encouraged to attend in-service training and have completed training around infection control, including pandemic preparedness, effective communication in the care setting, and management of other clinical conditions.</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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Six staff files reviewed (two RNs, two HCAs, one administrator, and one activity coordinator) evidenced implementation of the recruitment process, employment contracts,</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. 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>results of police checking, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved for each position. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>A register of practising certificates is maintained for all health professionals.</p> <p>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.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service has a designated privacy officer and there is a pathway of</p>

		communication and approval to release health information. The service is not responsible for National Health Index registration.
<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>	FA	<p>There is a policy for managing inquiries and entry into the service. Entry criteria includes a requirement to be needs assessed for rest home or hospital level care. Authority from the needs assessment service coordination (NASC) was sighted in residents' files. There is accurate information about the facility and services available on the CHT website, and in an information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time and the care home manager or clinical coordinator will complete an enquiry form and discuss their needs, including cultural, physical, psychosocial, and spiritual needs. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty. A follow-up phone call is made to the prospective resident or their family/whānau to answer any further questions. Residents and family/whānau interviewed expressed the entry process was well explained, and feel they are treated with respect and dignity at all times. Where there are delays to entry such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options, and referred back to the referrer.</p> <p>The care home manager collates enquiry forms and reports to the area manager on decline rates. This data includes ethnicity and staff stated they utilise this information to monitor decline rates for Māori. Staff explained the only reason for decline is not meeting the entry criteria.</p> <p>The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. The clinical coordinator stated Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six resident files were reviewed including four hospital level (one on long-term support for chronic health conditions [LTS-CHC], and a young person disabled [YPD]) and two rest home level residents. Registered nurses are responsible for all assessments including interRAI assessments and care planning.</p> <p>Initial assessments, short-term admission care plans, interRAI assessments and long-term care planning are completed within the timeframes required by the ARRC contract. Residents using LTS-CHC have interRAI assessments six-monthly and a comprehensive long-term care plan in place that is reviewed at least six monthly. Residents on YPD funding have a comprehensive admission assessment and a care plan that is based on assessment findings and the preferences of the resident. Thereafter, residents on YPD funding have six-monthly comprehensive assessments and long-term care plans in place that are based on their needs and reflect the particular needs of a younger resident. This is reviewed at least six-monthly in collaboration with the resident and their family/whānau.</p> <p>A review of resident files shows that assessments are comprehensive, and the tools embedded in the interRAI system have been used to inform planning. Where the interRAI shows a trigger for a specific need, this is included in care plans. Examples sighted include physical activity, mood changes, under nutrition, communication and maintaining continence. Care plans are comprehensive and holistic and include physical, psychological, psychosocial, and spiritual needs. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Where there is a potential for a risk for a resident, such as a change in mood, infection or hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans are recorded on an electronic system and healthcare assistants confirm they easily access them.</p> <p>Medical assessments are completed by the contracted general or nurse practitioner within the required timeframes. At the time of the audit all residents had chosen to be attended by the contracted general and nurse practitioner. Residents then have a monthly or</p>
--	-----------	--

	<p>three-monthly review by the general or nurse practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides after-hours on-call services until 9pm and during the weekend days. Acutely unwell residents are transported to hospital outside of these hours in the ambulance following consultation with family/whānau. The nurse practitioner stated that staff are competent and communicate any concerns in a clear and timely manner.</p> <p>A physiotherapist is contracted for four hours per week and has input into mobility and falls prevention and staff training in moving and handling. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage from assessment to care planning to evaluation. The activities coordinator completes a detailed lifestyle assessment to identify residents' interests and preferences and uses this to develop a plan for meaningful activities. The lifestyle assessment includes cultural assessment and residents and family/whānau interviewed confirmed their extensive input into this. The activities coordinator has input into the activities planning and review. Residents have access to a visiting podiatrist.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents' change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Each area of the care plan shows that goals are reviewed and if not met, there is an explanation and the care plan is updated so that interventions are planned to meet the residents' goals. Family/whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Healthcare assistants are updated on any changes after a review of a care plans. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Registered nurses and healthcare assistants described how they involve residents and families/whānau in implementing care plans.</p> <p>Short-term care plans are developed for short-term needs such as wounds and infections. At the time of the audit there were nine</p>
--	--

	<p>wounds being treated including skin tears, a venous ulcer, and a stage two pressure injury. A wound register is maintained, and a sample of wound care plans and photographs show wounds are managed according to best practice with input from a wound nurse specialist if needed. Photographs and wound assessments show the progress of wounds.</p> <p>Staff reported sufficient and appropriate information is shared between the staff at each handover. A handover was observed during the audit. Interviewed staff stated they are updated daily regarding each resident's condition. Progress notes are completed each shift by the healthcare assistants and daily by the registered nurse. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment, and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general and nurse practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, and other allied health team members, residents, and family/whānau.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight, monthly as a routine or more often if indicated; blood glucose if needed; behaviour; positioning; bowels; oxygen saturation; vital signs; and food and fluids. Neurological observations are completed as per the policy for unwitnessed falls or suspected head injuries. All incident reports reviewed evidenced timely nursing follow up.</p> <p>The Māori health plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the care plan for Māori. The clinical coordinator reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. Residents who identify as Māori confirm their cultural identity is respected and their needs are met. Residents and a family/whānau member interviewed confirmed they feel staff involve them and communicate well with them and are supported to achieve their own</p>
--	--

		<p>pae ora outcomes. They stated staff are respectful, genuinely caring and respond to their needs in a timely manner. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is run by activities coordinator working six days per week. On the day they are not on duty, the physiotherapist runs an exercise class and church services are held. The activities coordinator is a diversional therapist. The activities coordinator develops a monthly plan in collaboration with residents. The activities programme is designed around four domains of wellness: taha wairua (spirituality), taha whānau (belonging and connection), taha tīnana (physical health) and taha hinengaro (mental health). Review of resident files shows activities plans are informed by using information from a lifestyle assessment which includes family connections, cultural preferences, previous employment, interests and hobbies, and input from family and whānau. Resident meetings provide an opportunity for residents to have a say in the activities programme, and the activities coordinator gets ongoing feedback from residents in conversation.</p> <p>Review of the activities schedule shows the following activities are provided as examples: quizzes, word search, news reading, social events such as birthday parties with family/whānau invited, daily exercises, individual walks, visits by a local church, school groups performing kapa haka and Pacific Island children performing songs, pet therapy and outings in the van to venues residents would like to visit. Residents participate in food preparation as part of the activities programme. One resident enjoys making Māori fried bread. Photographic evidence was sighted of the range of activities provided. Residents who identify as Māori are supported to participate in Te Ao Māori by singing waiata, Māori arts and crafts and maintaining connections with whānau and hapū. Māori entertainers and speakers attend during celebrations such as Matariki.</p> <p>Individual activities such as conversations, hand massage,</p>

		<p>reminiscing, music, and board games are provided for residents who do not wish to participate in group activities. A record of individual activities provided was sighted.</p> <p>Residents maintain links with the community with support of their family/whānau. One resident on YPD funding has individual outings for shopping. Both residents on YPD funding have activities tailored to their particular interests such as music and board games.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs. The general or nurse practitioner completes three-monthly medication reviews. A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is completed.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the electronic medication management system and progress notes. There is one medication room. Medicines were seen to be stored in a locked trolley and locked medication room. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>Twelve medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be</p>

		<p>explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are some residents who self-administer inhaled medication only. There is a process for assessing the competency for residents who wish to self-administer their medications and a policy for the safe storage of medications. There are no standing orders.</p> <p>Over-the-counter medications and supplements are considered by the general and practitioner and where possible prescribed on the medication chart. The registered nurse 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.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is contracted out and prepared and cooked onsite by a chef manager and cook supported by kitchen hands. The menu is developed by the external contractor in collaboration with CHT dietitians. There are four-week seasonal menus that include two options plus a vegetarian option for main meals. The service uses the replenish, energy and protein (REAP) programme. Dietary needs including food texture, preferences, allergies and intolerances, and cultural preferences are forwarded to the chef manager who maintains a folder of dietary profiles and a whiteboard on the wall of the kitchen. Food is fortified as needed and nutritional supplements prescribed are provided. Resident meetings are held monthly to obtain feedback on the food service. Satisfaction surveys show residents are overall very happy with the food service. The chef manager meets with individual residents to discuss their personal preferences and dislikes. A sandwich trolley is set up each evening for staff to make sandwiches for residents at night. There is also access to pureed food such as yoghurt as needed. Residents interviewed confirmed if they do not like what is on the menu, alternatives are prepared. The kitchen is clean and well organised.</p>

		<p>The chef manager has recipes to prepare traditional Māori kai, and this is provided during Matariki and Te Wiki o Te Reo Māori. Other cultural preferences are catered for including Chinese, Pacific Island and Indian. Residents participate in food preparation as part of the activities programme.</p> <p>Meals are plated in the kitchen and served directly in the adjacent dining room or transported to each wing in a hotbox. The temperature of all hot meals is recorded. The food service was observed in the dining room and residents were seen to be enjoying their meals. Residents were seated at tables with other residents having similar nutritional needs such as pureed food. Staff were seen to be discreetly assisting residents who needed it. Modified utensils and plates are used where needed.</p> <p>The food control plan has been registered and is current to 7 April 2026. The chef manager uses an electronic system to record that daily checks and cleaning is done, and to record the temperatures of food before serving, and the refrigerators and freezer temperatures. Temperatures are maintained within an acceptable range. Dry food storage is well organised, and food containers are labelled with the date of opening. Food in the refrigerator is labelled with the date of preparation. Training for staff in the kitchen is managed by the external contractor and training records for food safety, allergens, hand hygiene, and temperature control were sighted.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transition to a different level of care, transfer to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. If a resident becomes acutely unwell the registered nurse can call the general or nurse practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Staff confirmed when a resident is transferred to hospital they send a summary of care needs, medication chart, legal documents, and shared goals of care in a yellow envelope with</p>

		<p>ambulance staff.</p> <p>Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers including Māori health practitioners as needed. Records were sighted of attendance at clinic appointments at the public hospital, allied health appointments, and dentist appointments. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness is current to 15 June 2026. Maintenance is managed by CHT head of properties and implemented by a maintenance person covering three CHT facilities. There is an annual maintenance plan for planned maintenance including checks and compliance for the building warrant of fitness, testing, and tagging of electrical equipment (last completed on 5 March 2025), calibration and servicing of clinical equipment and hoists (last completed on 15 October 2025), testing of the call bell system, hot water checks and maintenance of the building and grounds. CHT Glynavon uses a private company to transport residents on outings in a mobility van and the activities coordinator (with a current first aid certificate) accompanies residents.</p> <p>Staff log maintenance or repair requests on an electronic system. This is automatically alerted to the maintenance person and signed off when repairs have been completed. Essential contractors such as plumbers, boilers, refrigeration service people, and electricians are available 24 hours a day as required. Staff interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>A tour of the facility was conducted. The facility is on two levels. There are two double rooms, and these were singly occupied during the audit. All other rooms are single occupancy. Standard rooms have a handbasin, some rooms have a full ensuite between two rooms and premium rooms have a full ensuite with shower. There are sufficient communal showers and toilets in each area for</p>

		<p>residents in standard rooms. Each area has a lounge and kitchenette. Residents can easily access the garden. There is a well-appointed courtyard with seating and shade where events are celebrated such as a summer festival and barbeques.</p> <p>The environment and setting were observed to be culturally safe for Māori and family/whānau, and Māori residents had their artwork displayed inside their room. Hallways and lounges are carpeted. All bedrooms and communal areas have ample natural light and ventilation. There are wall heaters in hallways and heaters placed high on the wall in resident rooms. Corridors have safety rails to promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is a lift that can accommodate an ambulance gurney if required.</p> <p>There is ample space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported they have plenty of space to provide care to residents. Residents are encouraged to personalise their bedrooms with personal, cultural, and spiritual belongings as viewed on the day of audit. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are signs on all shower/toilet doors. The visitor's toilet is situated near the reception. There is a dedicated smoking area on an external deck.</p> <p>There is a process in place to consult with Māori should any changes to the facility be planned.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the Fire and Emergency New Zealand, dated 12 January 2000. A fire evacuation drill is repeated six-monthly with the</p>

		<p>last one being held on 18 September 2025. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The maintenance officer checks the civil defence supplies six-monthly. In the event of a power outage there is a formal arrangement in place for the supply of a generator. There is a gas barbeque. There are sufficient food stocks for up to five days if needed.</p> <p>There are adequate supplies in the event of an emergency including 1000 litres of water in a tank that is refilled three-monthly from town supply and additional bottled water. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. All call bells are checked monthly. Call bells are in each bedroom, ensuite and communal toilets and showers. Attenuating panels in hallways alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. The building is secure after hours, staff complete security checks at night.</p> <p>Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service.</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. 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/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</p>

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

		<p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use, and internal audits have been updated to include this.</p> <p>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.</p> <p>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/staff meetings, as well as CHT head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p>	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</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality/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.</p> <p>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. Family/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.</p> <p>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</p>

		<p>when not in use.</p> <p>All laundry for CHT Glynavon is processed off site 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> <p>Cleanliness of the environment, including cleaning and laundry services are monitored by the infection control coordinator, and area manager through the internal auditing system. Residents and family/whānau interviewed were satisfied with the standard of cleanliness and laundry services.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the governance board, management, and staff. CHT Glynavon has not used restraint for many years.</p> <p>A registered nurse is the delegated restraint coordinator. A job description is in place. The care home manager reports monthly to CHT head office on restraint minimisation and restraint reports for all of 2024 and 2025 were sighted. Restraint minimisation is discussed in quality/staff meetings.</p> <p>The policy requires staff to explore all alternatives prior to the use of restraint, and any decisions must be in consultation with families/whānau. Should restraint be considered in future, the facility would work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint folder contains processes and resources for assessment, authorisation and consent, monitoring, and evaluation. The restraint approval process includes the resident, enduring power of attorney/welfare guardian, care home manager, restraint coordinator and general and/or nurse practitioner.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.</p>

		<p>The restraint coordinator could describe the process for emergency restraint which includes a requirement for a full assessment to be started within 24 hours and completed within 72 hours. A debrief following emergency restraint is required as per the policy. The restraint coordinator stated there has been no use of emergency restraint.</p>
--	--	---

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.