

# CHT Healthcare Trust - Waiuku Hospital and Rest Home

---

## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	CHT Healthcare Trust	
<b>Premises audited:</b>	Waiuku Hospital and Rest Home	
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 27 January 2026	End date: 28 January 2026
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	60	

# 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 Waiuku Hospital and Rest Home (hereafter referred to as CHT Waiuku) is certified to provide hospital (medical and geriatric) and rest home levels of care for up to 60 residents. On the day of the audit there were 60 residents.

This surveillance audit was conducted against a subset of 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 is a registered nurse with clinical and management experience. They are supported by a clinical coordinator and a team of registered nurses, healthcare assistants and other staff.

This surveillance audit identified the service continues to meet 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 Waiuku provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan implemented. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. CHT Waiuku 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 is a charitable trust and not-for-profit organisation governed by a board of trustees. The board is responsible for the services provided. The strategic map includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations. There is a clinical governance committee in place.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated at facility level, and reported to the board each month.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

Registered nurses assess residents on admission. An admission care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations are completed at least six-monthly.

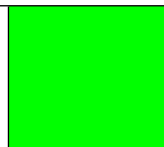
There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. Dietary preferences, intolerances, allergies, and cultural needs are catered for. The service has a current food control plan.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

## 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.

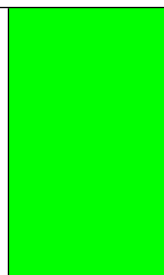


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Clinical and electrical equipment are checked for safety. Rooms are personalised.

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

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



Subsections applicable to this service fully attained.

The infection prevention and control programme is suitable for the size and scope of the service. There is a comprehensive pandemic plan. The infection prevention and control programme is implemented and provides information and resources to inform staff.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings and education sessions. Outbreak response plans are in place, and the service has access to personal protective equipment supplies. There have been no outbreaks of infection since the last audit.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The 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 on 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	18	0	0	0	0	0
Criteria	0	49	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>CHT Waiuku has an implemented Māori health plan. This document 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 and supporting mana motuhake. The service recruits and employs staff who identify as Māori. During the audit there were residents who identify as Māori. Staff receive ongoing training in Te Tiriti o Waitangi, cultural awareness, tikanga and culturally safe practice as part of the annual in-service education programme. There is signage throughout the facility in te reo Māori. Interviews with the care home manager, area manager, clinical coordinator, three healthcare assistants, one registered nurse and one chef manager gave examples of providing culturally safe services in relation to their roles.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	FA	<p>The cultural policy includes a Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. This document is in accordance with the Ministry of Health Pacific Plan. During the audit there were staff who identify as Pacific people, but there were no residents who identify as Pasifika. Staff receive ongoing training in cultural safety and awareness as part of the in-service education schedule that includes</p>

<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>recognising the world view, cultural and spiritual beliefs of Pacific people.</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 policies and procedures at CHT Waiuku align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and are implemented. Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Residents interviewed (two hospital and three rest home level) and one family/whānau (hospital level) understood their rights and expressed the service upholds their rights and the rights of their loved ones.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The policies and procedures at CHT Waiuku express a zero-tolerance approach to racism, discrimination, coercion, abuse and neglect, harassment, sexual, financial, or other forms of exploitation. The service also aligns with the Code of residents' rights. Policies reflect acceptable and unacceptable behaviours. Staff receive ongoing training on elder abuse and prevention as part of the annual mandatory training programme.</p> <p>Professional boundaries are defined in job descriptions and are covered as part of orientation. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of those within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>There is an informed consent policy in place. Five resident files reviewed included informed consent forms signed by either the resident or enduring</p>

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>power of attorney (EPOA). Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p>
<p>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>There is a policy and procedures for complaints that are communicated to residents and family/whānau. The care home manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The care home manager maintains a complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Since the last audit there have been 16 internal complaints. Review of complaints documentation shows all were acknowledged, investigated and resolved to the satisfaction of the complainant. Complainants were informed of the outcome of the investigation. All internal complaints were of a minor nature, and no trends were identified. Since the last audit there have been no external complaints received.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The care home manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have</p>	<p>FA</p>	<p>CHT Waiuku is owned by CHT Healthcare Trust (CHT), providing hospital (geriatric and medical), and rest home levels of care for up to 60 residents.</p>

<p>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>All rooms are single occupancy. On the day of audit there were 60 residents in total: 13 rest home level (one young disabled person [YPD]) and 47 hospital level (one YPD and one funded by the Accident Compensation Corporation [ACC]). Aside from the residents on YPD and ACC funding, all other residents were under the age-related residential care contract (ARRC).</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. 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 consists of seven trustees. Each of the trustees contributes their own areas of expertise to the board, including legal, accounting, medical, human resources, marketing, and business management. The chairperson of the board is also an experienced director and chairs other organisational boards. The area manager confirmed the strategic plan, its reflection of collaboration with Māori, which aligns with Manatū Hauora Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>There are two board sub committees that are involved in the quality and risk management system: the quality, health and safety committee (QHSC), and the audit and risk committee. The QHSC reports to the board and monitors CHT's compliance with its policies and procedures on quality health and safety and relevant legislation and contractual requirements, as a part of its responsibilities. The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed monthly in unit review meetings, as well as being discussed in the monthly staff/quality meetings. The audit and risk committee assists the Board in fulfilling its responsibilities relating to accounting and reporting, and risk management practices.</p> <p>Clinical governance is led by the CHT clinical quality lead who is</p>
---	--

		<p>responsible for the development and delivery of the clinical quality strategy. They work with the area managers to ensure a strong clinical quality culture. 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 and externally against the national clinical benchmarking data and is reported on quarterly.</p> <p>Cultural advisors at 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. 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 kaumātua. The board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.</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>	FA	<p>A quality and risk management programme is in place that allows CHT Waiuku to track their progress against the organisation's quality goals as outlined in the strategy map. Quality goals are documented and progress towards quality goals are reviewed regularly at staff meetings. The quality and risk management system includes performance monitoring through internal and external audits and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication errors and staff injuries. The service actively looks for opportunities to improve through quality initiatives and analysis of clinical indicator data. The service is currently focussing on the following: falls reduction through staff training and development of strategies for individual residents who are identified as medium to high falls risk; reduction of pressure injuries through staff education, provision of new mattresses, purchasing of more resources including sensor mats and using holistic measures such as the replenish, energy and protein programme (REAP) to improve nutrition; and to increase CHT Waiuku's profile in the local community.</p>

	<p>Meetings are held monthly for healthcare assistants, registered nurses, activities staff and health and safety team and these include health safety and quality (including infection prevention). There are regular resident and family/whānau meetings and residents and family/whānau interviewed stated they could approach the care home manager and clinical coordinator at any time to raise concerns. Staff meetings include (but are not limited to): tabling the previous minutes, matters outstanding, incidents and accidents, clinical indicators as above, internal audit reports, human resources, education, compliments and complaints, policy updates, general business and actions going forward.</p> <p>Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are communicated to staff in the meetings.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The care home manager maintains oversight of the health and safety system and contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored monthly at the staff meetings. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are reported, collated and categorised. Ten incident forms were reviewed and evidenced immediate action taken and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed at staff meetings and shift handover. Each event involving a resident reflected a</p>
--	--

		<p>clinical assessment and follow up by a registered nurse. The adverse event reporting policy is in accordance with the National adverse event reporting policy.</p> <p>Discussion with the care home manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were section 31 reports to HealthCERT since the last audit due to registered nurse shortage (an enrolled nurse was on duty and the care home manager; a registered nurse, resides very close to the facility) There was one other Section 31 notification to HealthCERT since the last audit relating to a security issue in the car park. There have been four notifications to the Health Quality and Safety Commission since the last audit; two for falls with fracture and two for pressure injuries (one unstageable and one stage three). Since the last audit there have been no outbreaks of infection. The care home manager demonstrated their awareness of the requirements for reporting to Public Health.</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 and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The care home manager and clinical coordinator are onsite five days per week and share after-hours on call. There is always a registered nurse on duty. The maintenance person is available for maintenance and property related calls.</p> <p>On the days of the audit care staff were visible and attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated overall, the staffing levels are satisfactory, and the care home manager and clinical coordinator provide good support.</p> <p>Review of the rosters showed any gaps in staffing due to absences were covered by casual or regular staff picking up extra shifts. Residents and family/whānau interviewed reported there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually and is aligned with Ngā Paerewa NZS 8134:2021. There is an attendance register for each training session and a record of educational courses offered and completed, including: in-services; competency questionnaires; online</p>

		<p>learning; and external professional development. All senior healthcare assistants and registered nurses have current medication competencies. Registered nurses, senior healthcare assistants, activities staff, and kitchen staff have a current first aid certificate.</p> <p>Healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 42 healthcare assistants in total and 39 have achieved NZQA level three or above.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication, insulin competencies and management of syringe drivers. At the time of the audit there were eight registered nurses in addition to the care home manager and clinical coordinator. Seven have completed interRAI training. Staff have completed training that covers equality/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care nursing.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>A register of current annual practicing certificates was sighted and included all registered nurses, podiatrists, physiotherapist and general practitioners. The scope of practice for registered health professionals and healthcare assistants is validated prior to employment.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and new staff are buddied with experienced staff until they are confident and competent in their role.</p> <p>Five staff files were reviewed including a registered nurse, two healthcare assistants, the clinical coordinator and activities coordinator. The files included evidence of completed orientation, training and competencies, and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All employee files reviewed who have worked for one year or more included evidence of annual performance appraisals.</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>Five resident files were reviewed: two rest home level (including one YPD); and three hospital level. Registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six monthly multi-disciplinary reviews.</p> <p>The initial care plan is completed within 24 hours of admission. Ongoing interRAI assessments have been completed in the timeframes required and all outcome scores were identified on the long-term care plans. InterRAI assessments are completed for all residents including YPD. Outcomes of the interRAI assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provide guidance to staff around all medical and non-medical requirements. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or transferred to the long-term care plan. InterRAI re-assessments have been completed six monthly and earlier when changes occurred. Care plans are reviewed on a six-monthly basis or when there are changes in the status of residents.</p> <p>The service contracts local general practitioners from the Medical Centre for onsite visits twice a week. They are available by phone when needed on other days of the week. Some residents can choose to remain with their own general practitioner. After hours residents are transported by ambulance to Middlemore Hospital if acutely unwell.</p> <p>The general practitioner sees and examines the residents within two to five working days of admission and completes monthly to three-monthly reviews as needed. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner was interviewed and stated staff are competent and communicate in a timely manner when there are changes in the health status of residents.</p> <p>Resident files identify the integration of allied health professional input, and a team approach is evident. A physiotherapist is onsite eight hours per</p>
--	-----------	---

		<p>week. A podiatrist visits regularly.</p> <p>Healthcare assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. Progress notes are written on every shift by healthcare assistants and the registered nurses document daily for hospital level residents and when there is an incident or changes in health status.</p> <p>Residents and family/whānau interviewed reported their needs and expectations are being met. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiates a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes and this was consistently documented in the resident files.</p> <p>There was a total of 15 wounds for eight residents including skin tears, chronic lesions, a surgical wound and two stage two pressure injuries. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound assessment, management, evaluation and wound monitoring occurred as planned in the sample of wounds reviewed. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources.</p> <p>Monitoring charts including vital signs, bowel, positioning, food and fluid intake and weight monitoring charts are utilised by staff according to the care plan. 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>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</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</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. There is one medication room. Medicines were 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>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 on incident forms and appropriate investigation and follow up is done.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific included instructions for individual residents are in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There is one resident who self-administers inhaled medication. They are assessed for their competency three-monthly by the general practitioner. The inhaled medication is stored in the treatment room. There are no standing orders.</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>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder.</p> <p>The food control plan is current to 7 April 2026.</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 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. 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, otherwise staff transport residents to appointments.,</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building warrant of fitness is current to 19 September 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the internal courtyards. Residents are encouraged to decorate their bedrooms with personal, cultural and spiritual belongings as viewed on the day of audit.</p> <p>The planned maintenance schedule includes calibration and testing of clinical equipment, last completed in June 2025. Testing and tagging of all electrical appliances was completed from June to September 2025. Hot water temperatures are tested monthly and are maintained below 45 degrees Celsius.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. CHT incorporates information on the Infection Prevention Services</p>

<p>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>(Bug Control) website into the infection prevention and control programme. The programme has been approved by the board. The programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control and the antimicrobial stewardship programmes are reviewed annually. The review for 2025 was sighted.</p> <p>Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends on a monthly basis. Infection control surveillance is discussed at monthly health safety and quality and staff meetings onsite and in CHT-wide infection prevention and control meetings monthly. Infection surveillance data is reported to the board in the monthly reports. Ethnicity data is included in infection surveillance. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a healthcare acquired infection.</p> <p>Since the last audit there have been no outbreaks of infection.</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</p>	FA	<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 Waiuku has not used restraint since 2023.</p> <p>Restraint related training which includes policies and procedures related to</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.</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.