CHT Healthcare Trust - Hayman Care 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:

Legal entity:	CHT Healthcare Trust
Premises audited:	Hayman Care Home
Services audited:	Residential disability services - Intellectual; Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 19 May 2026 End date: 20 May 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: 107

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 haumaru │ 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

Hayman Care Home is certified to provide residential disability (physical and intellectual), dementia, psychogeriatric, rest home and hospital (medical and geriatric) levels of care for up to 110 beds. There were 106 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 and Ministry of Social Development. 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 appropriately qualified and experienced in healthcare management. The care home manager is supported by a clinical coordinator who also has experience and is a registered nurse.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The areas for improvement identified at the previous certification audit relating to care plan interventions have been met.

There were no shortfalls identified at this surveillance audit.

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.

Hayman Care Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service 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. Hayman Care Home provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau.

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.

The business plan 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. The service complies with statutory and regulatory reporting obligations.

A health and safety system is in place. Health and safety processes are embedded in practice. Staff incidents, hazards and risk information is collated at facility level, reported to the head of health and safety and clinical quality lead and a consolidated report and analysis of all CHT Healthcare Trust facilities are then provided 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.

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for the administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioners.

The service has a current food control plan. There are snacks available for residents if required.

All residents’ transfers and referrals are coordinated with residents and family/whānau.

Te aro ki te tangata me te taiao haumaru | 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. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. Hot water temperatures are checked six monthly and are within normal range.

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 has been approved and is reviewed annually. Infection control training occurs at orientation and as part of the ongoing training plan.

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. Benchmarking occurs.

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 outbreaks reported since the previous 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 service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents requiring restraint at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

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
Subsection 1.1: Pae ora healthy futures 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.	FA	A Māori health plan is documented for the service, which Hayman Care Home utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service currently has residents and staff who identify as Māori. The service recognises Māori mana Motuhake and this is reflected in the Māori health plan.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa 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. 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.	FA	Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 is the basis of the CHT Healthcare Trust Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging Pacific cultural norms and values, respectful relationships, valuing family/whānau, and providing high quality healthcare. There were residents and staff identifying as Pasifika at the time of the audit.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The care home manager and clinical coordinator (interviewed) demonstrated how the Code is also included in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with five family/whānau (three psycho-geriatric, one dementia and one hospital), and three residents (one hospital level, one rest home level) and one resident on younger person with a disability (YPD) contract confirmed they are informed of their rights and their choices are respected.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	The CHT Healthcare Trust organisational policies provide guidance in the prevention of any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Hayman Care Home are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff sign a Code of Conduct at the start of employment. Fifteen staff (six healthcare assistants [HCAs] across the units, six registered nurses [RNs], activities assistant, one maintenance technician and one chef) and management (care home manager, one clinical coordinator, one area manager) demonstrated an understanding of their role in relation to protecting the residents from harm.
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 choices cannot be upheld, I will be provided with information that supports me to understand why. 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	FA	There are policies to guide the informed consent process according to the requirements of the Code. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations, release of photographs and the use of comfort funds. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file.

manage their own health, keep well, and live well. 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.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There have been one complaint made in 2024, twelve in 2025, and one in 2026 (year to date). 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). All complaints are closed off and complainants were kept informed of the complaints process. No trends were identified. There has been one recent HDC complaint received in March 2026 related to care provision. Hayman Care Home has responded to HDC and provided the required documentation within the specified timeframe. Internal investigation identified areas of improvement, with corrective actions identified, implemented and signed of when achieved. At the time of the audit the service was awaiting further response from HDC in relation to the complaint. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly and they were kept informed. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The care home manager confirmed the complaints process is working equitably for Māori.

Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Hayman Care Home is one of 21 care homes owned and operated by CHT Healthcare Trust, a charitable, not for profit organisation. The care home is built on one level and certified to provide hospital (geriatric and medical), rest home, dementia, psycho-geriatric and residential disability (physical and intellectual) care for up to 110 residents. The care home is divided into 56 dual purpose beds (Kowhai and Pohutukawa); and 39 beds divided into 2 secure dementia units, 1 for ladies (Ataahua Wahine 18 beds) and 1 for men (Tamatoa 21 beds), and 15 psychogeriatric beds (Aroha). On the day of the audit there were 107 residents: 1 rest home resident on respite care, 53 hospital residents, including 4 residents on a younger person with a disability (YPD) contract (3 intellectual and 1 with physical disabilities), 1 resident on Accident Compensation Corporation (ACC) funded respite care and 1 resident on long-term support chronic health conditions (LTS-CHC) agreement. There were 38 residents across the 2 dementia units and 15 residents in the psychogeriatric (PG) unit. All other residents in the dual-purpose wings and secure dementia units were under the age-related residential care contract (ARRC). The psychogeriatric residents were on the age residential hospital specialised services (ARHSS) contract. CHT Healthcare Trust has an overarching five-year strategy map (ending March 2030) with clear business goals to support organisational values. CHT Healthcare Trust's key business goals include to 'provide a truly resident focused experience, to provide equal access to aged care services, to maximise CHT Healthcare Trust's relevance in aged care, and to create an environment where residents love to live, our community love to visit and our staff love to work.' Key performance indicators and action plans are set both at organisational and care home level to support these goals. There is evidence of the quarterly milestone review and sign off of the 2025-2026 business plan. The 2026-2027 business plan is being implemented at Hayman Care Home. The care home manager reports on progress of the business monthly to the area manager. There is a monthly senior management group meeting that report on the organisational progress on goals. The governance body of CHT Healthcare Trust consists of a group of trustees, including those with clinical expertise. Each of the trustees contributes their own areas of expertise and ensure compliance with legislative, contractual, and regulatory requirements. The strategic plan

		reflects collaboration with Māori, which aligns with Ministry of Health strategies and addresses barriers to equitable service delivery for Māori. A detailed analysis of clinical data related to each care homes is prepared and sent to the Board prior to every Board meeting. The data is included in the quality health and safety committee report. The clinical data is compared both internally, as well as externally against the national clinical benchmarking data for aged care providers. The reports provided to the Board provide an opportunity for discussions. CHT Healthcare Trust'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. There are two Board sub-committees that are involved in the quality and risk management system: the quality, health & safety committee (QHSC), and the audit and risk committee who meets quarterly. The QHSC reports to the Board and monitors CHT Healthcare Trust's compliance with its policies and procedures on quality, health and safety, and relevant legislation and contractual requirements as a part of its responsibilities. The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed monthly in CHT Healthcare Trust managers' meetings, as well as being discussed in the monthly staff and quarterly quality, health and safety meetings at care home level. The audit and risk committee assists the Board in fulfilling its responsibilities relating to accounting and reporting, and risk management practices. The CHT Healthcare Trust clinical quality lead provides oversight of the organisational clinical governance, working alongside the area managers to ensure a strong clinical quality culture. The four area managers provide clinical oversight for the care homes within their region. There are fortnightly meetings between the area managers and care home managers to discuss any issues. The care home manager, a registered nurse with a current practicing certificate, has over 20 years' experience working in aged care sector in management roles. They hold national diplomas in business management and aged care facility management. They have been in the current role of care home manager at the care home since April 2021. They are supported by clinical coordinator who has been in the role since 2021 but with the care home in different roles since 2007. The area manager, CHT Healthcare Trust clinical quality lead and an experienced care team support them.

		The care home manager and clinical coordinator have both completed more than eight hours of training related to managing an aged care facility which includes bimonthly CHT Healthcare Trust specific business meetings and education/training, New Zealand Aged Care Association (NZACA) Conference, NZACA full day workshops, infection control, and cultural training.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	Hayman Care Home has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, and medication errors) is collected, analysed at care home level, and benchmarked within the organisation and nationally with other aged care providers. Meeting minutes reviewed evidence quality data is shared in staff meetings. Internal audits are completed six-monthly by the area manager (last completed March 2026). Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. The monthly staff meetings and quarterly quality, health and safety 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 and family/whānau satisfaction surveys are completed monthly, with a selection of residents and family/whānau invited to participate each month (on the yearly anniversary of their admission) with the aim of covering all residents and family/whānau in a calendar year. The year-to-date rolling responses reviewed reflect overall satisfaction with care, friendliness, activities, and likelihood to recommend. There were no areas of dissatisfaction identified. The outcome of the surveys were discussed with the residents and family/whānau in resident meetings. Quality improvement plans have been documented and include monitoring of progress on clinical indicators such as falls and infections. The service continues to maintain a continuous improvement in relation to use of the clinical review meetings to enhance better communication and improve the quality of life of the residents as well as falls reduction. A health and safety system is being implemented, led by a health and safety committee (with representatives from all the departments). All committee

		members have completed the required external training for health and safety officers. Hazard identification forms and an up-to-date hazard and risk 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 is provided at orientation and continues annually. Twelve accident/incident forms were reviewed which indicated that these are appropriately managed, family/whānau informed and opportunities to minimise future incidents developed. Electronic forms are completed in full and are signed off by the care home manager or clinical coordinator. Incident and accident data is collated monthly and analysed by both the care home manager and the area manager. Results are discussed in the staff and quality, health and safety meetings. Discussions with the care home manager and clinical coordinator evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and notifications to the Health Quality and Safety Commission were completed appropriately. All outbreaks were appropriately notified as per policy.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of culturally and clinically safe care and support. The registered nurses, the activities team and a selection of healthcare assistants hold current first aid certificates. Vacant shifts are covered by available healthcare assistants, registered nurses, casual staff, or agency staff. Out of hours on-call 24/7 cover is shared between the care home manager, clinical coordinator and the unit coordinators. The clinical coordinator supported by the area manager will perform the care home manager's role in their absence. Relieving care home managers are used for longer periods to perform the care home manager's role. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and resident meeting minutes. The care home manager and clinical coordinator work full time Monday to Friday. The roster reviewed evidenced registered nurse cover 24/7. There are four registered nurses on duty for the morning and afternoon shifts (one in psycho-geriatric, one in dementia and two in the dual-purpose wings) and two registered nurses for the night shift (one for the psychogeriatric unit and one

		for the hospital level care residents). The number of healthcare assistants on each shift is sufficient for the acuity, layout of the care home, support with the workload and to provide safe and timely care on all shifts. Interviews with staff confirmed that their workload is manageable. There is an annual education and training schedule being implemented for 2026. The education and training schedule lists compulsory training required to be completed (through the Dayforce electronic learning management system and clinical topics). Training topics included (but not limited to): challenging behaviour, chemical safety, code of rights, privacy, confidentiality, last days of life, dignity and personalised care, pressure injury, incontinence associated dermatitis, medication management, restraints, skin care, scabies, chronic obstructive pulmonary disease (COPD), behavioural and psychological symptoms of dementia (BPSD), infection control; falls prevention techniques, Te Tiriti o Waitangi, cultural safety, and fire safety. Staff completed training to support younger persons with disabilities and topics include the support of the principles of enabling good lives (community engagement, choice, independence and support). Staff records were reviewed to demonstrate completion of the required training and competency assessments. 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. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Seventy-two healthcare assistants are employed, sixty-six of whom have achieved a level 3 NZQA qualification or higher. Twenty-seven of the healthcare assistants work across the psychogeriatric (PG) unit and dementia units at any time and all of them have attained the PG and dementia specific standards according to the ARHSS clause D 17.11 and ARRC clause E4.5.f. The orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency assessments as part of their orientation. All healthcare assistants are required to complete annual competencies for moving and handling, fire safety and infection prevention and control. A record of completion is maintained on an electronic register. Additional registered nurse specific competencies include syringe driver and interRAI assessment competency. There are 23 registered nurses (including the care home manager, clinical coordinator and unit coordinators) and 1

		enrolled nurse employed by the service. Nineteen of twenty-three registered nurses (including the clinical coordinator and unit coordinators) are interRAI trained. Registered nurses are encouraged to attend external training, webinars and zoom training where available. All registered nurses are encouraged to attend in-service training and have completed training around infection control, including pandemic preparedness, effective communication in the care setting, accident and incident reporting, wound care, code of rights and introduction to dementia. All staff, including registered nurses attend relevant staff and registered nurse meetings when possible. The management team reported that the model of care ensured that all residents are treated equitably.
Subsection 2.4: Health care and support workers 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. 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.	FA	Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Qualifications are validated prior to employment. All new employees complete a comprehensive orientation that covers the key components of their role. A register of practicing certificates is maintained for all health professionals including (but not limited to) registered nurses, enrolled nurses, general practitioner, pharmacists, podiatrist and physiotherapist. All staff who have been employed for over one year have an annual appraisal completed. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and	FA	Seven resident files were reviewed: three hospital resident files (including one young person with a disability (YPD), one rest home resident file (respite), two dementia resident files and one psychogeriatric resident file). The registered nurses (RNs) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments and interRAI assessments. Except for the respite resident all residents had an interRAI assessment. Initial assessments and initial care plans were completed for all residents,

whānau to support wellbeing.		detailing needs, and preferences within 24 hours of admission. The individualised long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care. A previous corrective action around interventions has now been met. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss and interventions are integrated into the long-term plans. Resident care is evaluated on each shift and reported at handover and in the electronic progress notes. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments or when there is a change in the resident's condition. All residents in the dementia and psychogeriatric units who have challenging behaviour, have this clearly outlined in the care plan with interventions to deescalate their challenging behaviours. Evaluations are documented by RNs and include the degree of achievement towards meeting desired goals and outcomes. Residents and family/whānau interviewed confirmed assessments are completed according to residents needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed when there is a change in health status. The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. There are GP visits every Tuesday and Thursday. They are affiliated with a medical practice and after- hours care is provided by the practice, on a rostered basis. Medical documentation and records reviewed were current. The GP interviewed stated that they were very satisfied with the service, and they stated they are informed of concerns in a timely manner. There are two contracted physiotherapists, both work Mondays and one also works on Wednesday. There is access to a continence specialist, wound care nurse specialist, medical specialists and a dietitian as required. The facility has an adequate supply of wound care products available. A review of the wound care plans evidenced that wounds were assessed in a

		timely manner and reviewed at appropriate intervals. There are photos taken of all wounds. Where wounds required additional specialist input, this was initiated, and a referral made to the wound care nurse specialist. At the time of the audit, there was one non-facility acquired unstageable pressure injury on a sacrum which is slowly progressing towards healing. The wound has been assessed by the wound care nurse specialist. The required notification has been completed. There is adequate pressure injury equipment and staff have completed pressure injury prevention education within the last 12 months. The progress notes are recorded and maintained in the integrated electronic records. Neurological observations are recorded following un-witnessed falls, and head knocks as per policy. A range of electronic monitoring charts are available for the care staff to utilise. These include (but are not limited to) monthly blood pressure and weight monitoring, bowel records and repositioning records. Staff interviews confirmed that they are familiar with the needs of all residents in the facility and have access to the necessary supplies and products to meet those needs. Staff receive handover at the beginning of their shift.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. 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.	FA	There are policies and procedures available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. RNs have completed syringe driver training. Staff were observed to be safely administering medications. The RNs and medication competent healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotic packs and an electronic medication system. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in all three facility medication rooms. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly. Eyedrops are dated on opening. Thirteen electronic medication charts were reviewed. The respite resident had a paper medication chart. The medication charts reviewed identified that the

		GP had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. Indications for use were noted for 'as required' medications. The effectiveness of 'as required' medications was consistently documented in the electronic medication management system and progress notes. There are no residents self-administering medications; however, there were policies and procedures to assist facilitation of self-administration of medication when residents are deemed competent to do so. No vaccines are kept on site, and no standing orders are used. There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	Food preferences and cultural preferences are encompassed into the menu. The kitchen receives residents' dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies and cultural preferences. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents' requests. In the dementia and psychogeriatric unit snacks are available at all times. There is a verified food control plan which expires 31 July 2026.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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	FA	Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure transfers of residents are undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies where indicated or requested. The clinical coordinator explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.

support.		
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	There is a current building warrant of fitness. The environment is inclusive of peoples' cultures and supports cultural practices. The physical environment is safe, well maintained, tidy, comfortable and accessible. Maintenance requests are completed online. The maintenance technician checks online requests several times a day and signs off when repairs are completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available as required. Medical equipment including (but not limited to) hoists and scales were checked and calibrated on 13 May 2026. Electrical tagging has been completed. The RNs and healthcare assistants interviewed stated they have adequate equipment to safely deliver care for all residents. Residents interviewed stated that the environment was warm and comfortable.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and anti-microbial stewardship programmes are reviewed annually and linked to the quality and business plan. Policies are available to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control related education in the last 12 months. Staff demonstrated knowledge on the requirements of standard precautions.
Subsection 5.4: Surveillance of health care-associated infection (HAI)	FA	Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control resource nurse uses the information

The people: My health and progress are monitored as part of the surveillance programme. 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.		obtained through surveillance to determine infection control activities, resources, and education needs within the service. Monthly data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic resident management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, health and safety and staff meetings and sent to CHT head office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from CHT head office and Health New Zealand for any community concerns. There have been five outbreaks reported on and managed appropriately since the last audit; Covid-19 in March 2025, abscesses/pustules in August 2025, influenza A in September 2025, MRSA in December 2025, and Covid-19 in January 2026. The outbreaks were effectively managed in accordance with organisational policy. The infection control resource nurse explained staff are well trained to respond effectively to outbreaks. Family/whānau were kept informed by phone or email. There are supplies of personal protective equipment available for staff, residents and visitors.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to 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.	FA	CHT Healthcare Trust and the facility are committed to providing services to residents without the use of restraint. The restraint policy confirms that consideration and application of restraint must be done in partnership with the resident, family/whānau and the choice of restraint must be the least restrictive possible. If restraint is considered the facility works in partnership with the resident, family/whānau to ensure services are mana enhancing. The restraint coordinator is an RN. There are currently no restraints. Restraint is reviewed three monthly and reported at staff meetings and to the care home manager. There is also a six-monthly report to CHT head office.

		Restraint minimisation and de-escalation are included as part of the mandatory training plan, orientation, and staff complete competencies at orientation and annually.

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, these 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.