CHT Healthcare Trust - David Lange 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:	David Lange Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 27 May 2026 End date: 28 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: 78

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

David Lange Care Home is certified to provide hospital (medical and geriatric), rest home, and young person with disability (physical) levels of care for up to 87 residents. On the day of the audit there were 78 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 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 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.

There were no shortfalls identified at the previous certification audit.

This surveillance audit identified no shortfalls, and 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.

David Lange 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 implemented. The service aims to provide high-quality and effective services and care for all residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. David Lange Care Home 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.

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 nurse 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 practitioner or nurse practitioner.

The service has a current food control plan.

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 warranty of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. Hot water temperatures are checked 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 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 two outbreaks of infection since the last audit, and these were effectively managed.

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, policies and procedures. There were no restraints 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	CHT's Māori health plan is implemented. 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. Residents interviewed who identified as Māori, stated staff are respectful of their Māori culture, individual tikanga practices, and their family/whānau. 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 staff (care home manager, area manager, clinical coordinator, four healthcare assistants [HCAs], three registered nurses (RNs), activities coordinator and one chef manager of the contracted catering service) included examples of providing culturally safe services in relation to their roles.
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.	FA	The cultural policy includes a Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality healthcare. This document is in accordance with the Ministry of Health`s Pacific Plan. During the audit,

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.		there were staff who identify as Pasifika. Staff receive ongoing training in cultural safety and awareness as part of the in-service education schedule, that includes recognising the world view, cultural and spiritual beliefs of Pacific people. During the audit, there were residents who identify as Pasifika. Residents interviewed who identified as Pasifika confirmed their cultural needs were respected and valued. They expressed they loved having Pacific Island nurses and visiting church groups.
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	CHT's policies and procedures 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 of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Residents interviewed (four hospital and two rest home level) and three family/whānau (hospital level) understood their rights and expressed the service upholds their rights and the rights of their loved ones.
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	CHT has policies and procedures that 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. Policies reflect acceptable and unacceptable behaviours. Staff receive ongoing training on elder abuse and prevention as part of the annual mandatory training programme. Education records show all staff were up-to-date with the training on safeguarding adults and children. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. 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 residents' possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds.

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 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.	FA	There is an informed consent policy in place. Six resident files reviewed included informed consent forms signed by either the resident or enduring power of attorney (EPOA) if activated. 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. Residents in shared rooms have signed a consent form agreeing to share a room.
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	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. Since the last audit, there have been ten internal complaints documented (six in 2025 and four to date in 2026). 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. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The care home manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication.

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	David Lange Care Home is owned by CHT Healthcare Trust, providing hospital (geriatric and medical), rest home and young person with a disability [physical] (YPD) levels of care, for up to 87 residents. There are ten double rooms; nine of which had double occupancy on the day of the audit. All other rooms are single occupancy. On the day of audit, there were 78 residents in total: 28 rest home level (including one YPD and three on long-term support chronic health conditions contract [LTS-CHC]) and 50 hospital level (including three YPD and seven LTS-CHC). Aside from the residents on YPD and LTS-CHC funding, all other residents were under the age-related residential care contract (ARRC). CHT has an overarching strategy map with clear business goals to support organisational values. CHT is a charitable, not for profit organisation, whose organisational philosophy and strategic plan reflects a person/family centred approach. 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. The governance body of CHT Healthcare Trust consists of seven trustees. Each of the trustees contributes their own areas of expertise to the Board, including legal, accounting, medical, human resources, marketing, and business management. The chairperson of the Board is also an experienced director and chairs other organisational Boards. The 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. 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. Clinical governance is led by the CHT clinical quality lead, who is 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 clinical coordinator reports to the care home manager, who in turn report to the area manager. The area managers provide 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.
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	A quality and risk management programme is in place that allows David Lange Care Home 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 is 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 service delivery through quality initiatives and analysis of clinical indicator data. The service is currently focussing on the following: staff health, safety, and wellbeing; reduction in pressure injuries; and reduction in falls. The reduction in pressure injuries and falls is aimed at having residents up and about and engaged in activities and physical exercise. Staff break times have been adjusted to ensure more supervision in communal areas during meetings and handover. Meetings are held monthly for healthcare assistants, registered nurses, activities staff, and the 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):

		matters outstanding from previous meeting minutes; incidents and accidents; clinical indicators as above; internal audit reports; human resources; education; compliments and complaints; policy updates; general business; and actions going forward. 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. There are regular family/whānau and resident surveys completed; the feedback provided within the last 12 months show high levels of satisfaction related to service delivery. 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. 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 and risk 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. All resident's incidents and accidents are reported, collated and categorised. Ten incident forms were reviewed, and these evidence 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 clinical assessment and follow up by a registered nurse. The adverse event reporting policy is in accordance with the National adverse event reporting policy. Discussion with the care home manager evidenced awareness of their

		requirement to notify relevant authorities in relation to essential notifications. There were five Section 31 reports to HealthCERT since the last audit relating to outbreaks of infection, a police investigation, a resident absconding, and the appointment of the clinical coordinator. There have been four notifications to the Health Quality and Safety Commission since the last audit; three for falls with fracture, and one for a suspected deep tissue injury. Since the last audit, there have been two outbreaks of infection. These were appropriately reported to Public Health.
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 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 on site five days per week, and share after-hours on-call. There is always a registered nurse on duty. The maintenance technician is available for maintenance and property related calls. Staff on the floor on the days of the audit were visible and were 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. Review of the rosters showed any gaps in staffing due to absences were covered by casual or regular staff picking up extra shifts, or by agency staff. Residents and family/whānau interviewed reported there are adequate staff numbers. The annual training programme exceeds eight hours annually. There is an attendance register for each training session and a record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. Training records show a very high level of compliance with training requirements. All senior healthcare assistants and registered nurses have current medication competencies. All competencies were documented as completed. Registered nurses, senior healthcare assistants, activities staff, and kitchen staff have a current first aid certificate. Healthcare assistants are encouraged to complete a recognised New

		Zealand Qualification Authority (NZQA) qualification through Careerforce. There are 45 healthcare assistants in total, and 40 have achieved NZQA level three or above. 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; monitoring blood glucose levels; insulin competencies; and management of syringe drivers. At the time of the audit, there were 10 registered nurses, including 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, and care for younger people with disabilities.
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	A register of current annual practising certificates was sighted and included all registered nurses, podiatrists, physiotherapists, and general and nurse practitioners. The scope of practice for registered health professionals is validated prior to employment. 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. Five staff files were reviewed, including two registered nurses, two healthcare assistants, 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 files reviewed of employees who have worked for one year or more, included evidence of annual performance appraisals.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so	FA	Six resident files were reviewed: four hospital resident files (including one YPD and one LTS-CHC) and two rest home resident files. The registered nurses (RNs) are responsible for all residents' assessments, care planning,

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 whānau to support wellbeing.		and evaluation of care. Care plans are based on data collected during the initial nursing assessments and interRAI assessments. All residents, except for the YPD resident, had an interRAI assessment completed. Initial assessments and initial care plans were completed for all residents, 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 LTCPs 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. 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. 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) or nurse practitioner (NP) within the required timeframe following admission. Residents have ongoing reviews by the GP or NP within required timeframes and when their health status changes. The NP visits Tuesdays and the GP visits Thursday. They are affiliated with the same medical practice, and after-hours services are provided on a rostered basis. Medical documentation and records reviewed were current. The GP interviewed stated that they were very satisfied with the service, was informed of concerns in a timely manner, and the RNs gave them the information they required. There is a contracted physiotherapist who works 20 hours a week. 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 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 stage III pressure injury on a sacrum, which is slowly improving. This has been seen by the wound care nurse specialist. A report to the Health, Quality and Safety Commission was completed by the public hospital. There is one stage I pressure injury on a heel, which has almost healed. There is adequate pressure injury equipment, and staff have had pressure injury prevention education. 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, and bowel 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. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The registered nurses 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 the three medication rooms. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly. Eyedrops are dated on opening. Twelve electronic medication charts were reviewed. The medication charts

		reviewed identified that the GP/NP 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 are documented processes to facilitate self-administration of medications for residents that are 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 resident 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. There is a verified food control plan, which expires 7 May 2027.
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	The physical environment is well maintained and supports the residents' independence. There is a current building warrant of fitness dated. The building is well maintained. Maintenance requests are completed online. The maintenance technician checks the online platform 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 in April 2026. Electrical tagging is due again in July 2026. The RNs and healthcare assistants interviewed stated they have adequate equipment to safely deliver care for hospital, rest home, and YPD level care residents. Residents interviewed stated 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 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 (Bug Control) into the infection prevention and control programme. The programme has been approved by the Board. The programme is linked to 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. 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. Additional training is provided during outbreaks of infection. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails.

Subsection 5.4: Surveillance of health care-associated infection (HAI) 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.	FA	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 on site, and in CHT-wide infection prevention and control monthly meetings. 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. Since the last audit, there have been two outbreaks of infection: influenza A in August 2025, and Covid-19 in January 2026. Each outbreak was effectively managed. Records show daily logs of infection and actions taken to mitigate the spread of infection.
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	The Board 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 and 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 and family/whānau to ensure services are mana enhancing. The restraint coordinator is a RN. There are currently no residents using restraints. Restraint is reviewed at monthly staff meetings. Restraint is reviewed at national level every six months. Restraint elimination strategies and de-escalation techniques are included as part of the mandatory training plan and at orientation. 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.