

# CHT Healthcare Trust - Hillcrest Hospital

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	CHT Healthcare Trust
<b>Premises audited:</b>	Hillcrest Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
<b>Dates of audit:</b>	Start date: 19 September 2022    End date: 20 September 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	71

# Executive summary of the audit

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

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

### Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

CHT Hillcrest is certified to provide hospital (medical and geriatric), rest home, dementia, and residential disability– physical level of care for up to 80 residents. There were 71 residents on the days of audit.

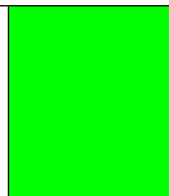
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora – Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews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

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

This audit identified the service meets the intent of the standard.

## Ō tatou motika | Our rights

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



Subsections applicable to this service fully attained.

CHT Hillcrest 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 cultural policy. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. CHT Hillcrest is working towards the development of a Pacific health plan. There is evidence that residents and family are kept informed. The rights of the resident and/or their family 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 5 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 has an overarching strategy map with clear business goals to support organisational credo. The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are

implemented. Internal audits, meetings, and collation of data is completed, with corrective actions developed as indicated. Meeting schedules are maintained.

A health and safety programme is implemented. Hazards are managed. Incident forms are documented, and results are analysed.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

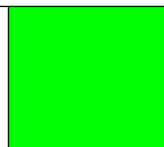
The activities coordinators provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

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

All referrals, transfers and discharges occur in partnership with the resident and families to ensure a seamless transition.

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

Includes 2 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 has a current warrant of fitness and emergency evacuation plan. The facility is divided into four suites, each with an individual lounge area. All bedrooms are single occupancy and share an ensuite with the room next door. There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible. Maintenance staff are providing appropriate services. The dementia unit is secure with quiet areas and easy access to external gardens.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been outbreaks since the previous audit, and these have been well documented.

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

## Here taratahi | Restraint and seclusion

Includes 4 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 restraint coordinator is a registered nurse. There are residents listed as utilising restraints at CHT Hillcrest and minimising restraint is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	167	0	0	0	0	0



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged, evidenced during interviews with family members. The service currently has residents who identify as Māori.</p> <p>The unit manager stated that she supports increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at CHT Hillcrest. At the time of the audit there were staff members identifying as Māori.</p> <p>Twelve care staff interviewed (five healthcare assistants, five registered nurses, and two activity coordinators), described how care is based on the resident’s individual values and beliefs. The service has links with the local Māori community and health service providers.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has in draft a cultural policy that encompasses the needs of Pasifika. The policy will look to address the Ngā Paerewa Health and Disability Services Standards.</p> <p>There were Pasifika residents on the day of the audit. On admission, ethnicity information and Pacific people’s cultural beliefs and practices that may affect the way in which care is delivered is documented. The service captures ethnicity data electronically. The residents’ whānau are encouraged to be present during the admission process including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>The service actively consults with current Pasifika employees to access community links and continues to provide equitable employment opportunities for the Pasifika community. The facility is working towards the development of a Pacific health plan which will ensure cultural safety, achieve equity and efficient provision of care for Pacific peoples.</p> <p>Interviews with fifteen staff (twelve care staff, chef manager, laundry assistant and property services manager), six residents (four hospital, two rest home), two relatives (one rest home and one dementia), and documentation reviewed identified that the service puts people using the services, and family/whānau as the guiding core of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The unit manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the monthly resident/family meetings. All families interviewed reported that the residents’ rights are being upheld by the service. They confirmed that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy</p>

		<p>Service and the resident advocacy is available to residents/families. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake through its Māori health plan and staff could describe how they would fully support the values and beliefs of any Māori residents and whanau, should they enter into the facility in the future.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The healthcare assistants (HCAs) interviewed described how they support residents to choose what they want to do. Families and staff interviewed stated the residents are given choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support with examples provided.</p> <p>The CHT Hillcrest annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed monthly up to and including July 2022, confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families. Results were shared at the July 2022 residents' meeting.</p> <p>A sexuality and intimacy policy is in place with training part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Families interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names.</p>

		<p>Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Staff actively promote te reo Māori, tikanga Māori, and attend cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at CHT Hillcrest are expected to uphold. CHT Hillcrest policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>There are short, and long-term objectives in the CHT Māori health plan and cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified relatives are kept informed, this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated in addition to staff members who speak the residents' languages. At the time of the audit, there were residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and other specialist services (e.g, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my</p>	<p>FA</p>	<p>There are policies around informed consent. Nine resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations were also on file where appropriate.</p>

<p>choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity were on file for dementia level residents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The unit manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints logged in the complaints register consisted of three in 2022 (year-to-date), three in 2021, and none in 2020 post the previous audit which took place in November 2020. Complaints logged include an investigation, follow up, and replies to the complainant. All internal complaints had been fully resolved.</p> <p>There had been one external complaint (HDC) in August 2022, for which evidence requested had been supplied, and the service was awaiting a response from HDC.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the combined staff/quality meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided</p>

		<p>with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly. Residents/relatives making a complaint can involve an independent support person in the process if they choose to do so.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>CHT Hillcrest is located in Mangere, Auckland and is part of Christian Healthcare Trust (CHT). CHT oversee sixteen aged care facilities on the North Island, four in the Bay of Plenty and twelve situated around Auckland. The service provides care for up to 80 residents at hospital level (medical and geriatric), rest home, residential disability – physical, and dementia. All rooms are single occupancy. All rooms in the rest home and hospital are dual purpose.</p> <p>On day one of the audit, there were 71 residents. The majority of residents were under the age-related residential care agreement (ARRC) apart from one ACC, ten on a long-term service – chronic health contract (LTS-CHC), and three residential disability (YPD).</p> <p>CHT has an overarching strategy map with clear business goals to support organisational credo. One of CHT’s key business goals is to provide equal access to aged care services. They aim to achieve this by providing affordable care and by enhancing physical and mental wellbeing of their residents. CHT premium rates and room sizes are in line with those principles, supporting their aim to be a low-cost provider of aged residential care services.</p> <p>The business plan (2021-2022) 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 unit manager reports on these areas monthly to the area manager.</p> <p>The governance body of CHT Charitable Trust consists of six 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 Chairman of the Board</p>

		<p>has held this position for nine years. The area manager interviewed explained the strategic plan, its reflection of collaboration with Māori, that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The Quality, Health &amp; Safety Committee (QHSC), which is a sub-committee of the Board and reports to the Board, includes 'Monitor 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.</p> <p>With the introduction of the Ngā Paerewa Health and Disability Services Standard, the Senior Management Group has developed an action plan to ensure the successful implementation of the Standard. The governance body are overseeing this via a standing agenda item on the QHSC.</p> <p>CHT's Māori Health Plan incorporates the principles of Te Tiriti o Waitangi including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring. This is a governance document. Work is underway at a governance level to ensure Māori have meaningful representation in order to have substantive input into organisational operational policies.</p> <p>One of the actions from this plan is to develop meaningful relationships with kaumātua/kuia at governance, operational and service level. They look to achieve this through involvement with Māori Health units at Te Whatu Ora, local Māori dignitaries and iwi and hapu. This action is a work in progress. Plans are in place for the Board and executive team to attend cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>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. Benchmarking is done with other CHT</p>
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		<p>facilities.</p> <p>The unit manager (registered nurse) has been in the role for three years and has held a number of roles with CHT including clinical coordinator at another site previously. The unit manager is supported by an area manager, clinical coordinator, and registered nurses.</p> <p>The manager has completed more than eight hours of training related to managing an aged care facility and include privacy related training, CHT specific business, cultural and restraint training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>CHT Hillcrest 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, episodes of challenging behaviours) is collected, analysed at facility level, and benchmarked within the organisation. Meeting minutes reviewed evidence quality data is shared in staff meetings. Internal audits are completed six-monthly by the area manager. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved.</p> <p>Combined staff/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints, compliments, staffing, and education. Resident/family satisfaction surveys are completed monthly, with a random selection invited each month, with the aim of covering all residents and families in a calendar year. Surveys completed in 2021 and 2022 reflect high levels of resident/family satisfaction, with consistent scores of 4 or 5 out of 5 for most categories surveyed. A corrective action plan had been implemented regarding the standard of food service.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard. Staff have completed a range of training including cultural awareness training to ensure a high quality of service is delivered to</p>

		<p>all residents within the service.</p> <p>A health and safety system is being implemented with the service having a trained health and safety representative. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for eight hours per week. Strategies implemented to reduce the frequency of falls include intentional rounding, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The registered nurses will evaluate interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises. Twelve accident/incident forms reviewed for August 2022 (unwitnessed falls, challenging behaviour, and skin tears) indicated that the electronic forms are completed in full and are signed off by an RN and the unit manager/clinical coordinator. Incident and accident data is collated monthly and analysed by both the unit manager and the area manager. Results are discussed in the staff/quality meetings. Neurological observations are consistently recorded for unwitnessed falls.</p> <p>Discussions with the unit manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. A number of Section 31's related to RN staffing and three for pressure injuries had been submitted in 2021 and 2022. There had been two previous outbreaks (Covid) documented since the last audit, both in 2022. These were appropriately notified, managed and staff debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. The registered nurses and a selection of HCAs hold</p>

<p>to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available healthcare assistants, nurses, and casual staff. Out of hours on-call cover is shared between the unit manager and clinical coordinator. The clinical coordinator will perform the unit manager's role in her absence.</p> <p>At the time of the audit, the service had two registered nurse (RN) positions vacant. Active recruitment strategies were in place and one RN was scheduled to take up post at the end of October.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The unit manager (RN) and clinical coordinator (RN) are available Monday to Friday.</p> <p>The roster is developed as follows:</p> <p>For Rose, Magnolia, Hibiscus, Frangipani and Daisy wings AM: 1x HCA 07.00-15.00, 1x HCA 07.00-13.30. PM: 1x HCA 15.00-23.00 in each.</p> <p>Amaryllis wing AM: 1x HCA 07.00-15.00, 1x HCA 07.00-12.30. PM: 1x HCA 15.00-23.00.</p> <p>Garden wing (dementia) AM: 3 x HCA 07.00-15.00. PM: 2 x HCA 15.00-23.00, 1 x 15.00-19.00.</p> <p>There are four HCAs overnight 23.00-07.00.</p> <p>There are two registered nurses on duty 06.45-15.15 and 14.45-23.15, and one overnight 23.00-07.00 seven days per week.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory</p>
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	<p>training (Altura and clinical topics), which includes cultural awareness training. Staff have completed cultural awareness training online which included the provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>External training opportunities for care staff include training through the local hospital, hospice and the organisation's online training portal which can be accessed on personal devices.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-five HCAs are employed. The CHT Hillcrest orientation programme ensure core competencies and compulsory knowledge/topics are addressed. Thirty-eight HCAs have achieved a level 4 NZQA qualification, six level 3, and one level 2. Twenty-one staff work in the dementia unit, and all have achieved their dementia unit standards.</p> <p>All staff are required to completed competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional RN specific competencies include subcutaneous fluids, syringe driver, catheterisation, and interRAI assessment competency. Five RNs (including the clinical coordinator) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All staff, including RNs attend relevant quality/staff and clinical meetings when possible.</p> <p>Resident/family meetings are held three-monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual</p>
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		<p>handling, handwashing, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. The environment is checked as part of the 'core standards' internal audit. Staff wellness is encouraged through participation in health and wellbeing activities. Details of the Employee Assistance Programme (EAP) are available to staff for support both with work and home life issues.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Eight staff files reviewed (three RNs, three HCAs, and two activity coordinators) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment for Māori.</p> <p>Volunteers are utilised, with an orientation programme and policy for volunteers in place. Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided</p>

		to staff.
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed-up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Nine admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The unit manager is available to answer any questions regarding the admission process and a waiting list is managed. The unit manager advised that the service openly communicates with potential residents and whānau during the admission process. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and</p>

		<p>on entry to the service.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The service has linkages to local Māori health practitioners and Māori health organisations who are available to provide support for residents and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Nine electronic resident files were reviewed. The files included five hospital (two younger residents with a physical disability (YPD), one resident under the long-term support- chronic health condition (LTS-CHC) and one under ACC contract), one rest home, and three dementia care resident files. Registered nurses (RN's) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. There is a specific cultural assessment included in the lifestyle assessment. All initial assessments and care plans were signed and dated. Six out of nine resident files reviewed had up to date interRAI assessments and reassessments including one resident on LTS-CHC. One resident in the dementia wing had not been in the facility for 21 days, and interRAI is not required for residents on ACC and YPD contracts.</p> <p>Care plans are developed by the RNs in partnership with the resident and/or their families to ensure residents and families identify their own pae ora outcomes, as evidenced in the electronic files reviewed. Residents and/or families were notified of these changes, as evidenced in the electronic file, and confirmed during interview with relatives. The long-term care plan includes sections on mobility and</p>

		<p>transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and social needs. The care plan aligns with the service's model of person-centred care. There are six-monthly care plan reviews and residents and/or families are invited to attend; however, outcomes of assessments were not always reflected in the needs and supports documented in the care plans on the electronic system.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident three-monthly. There is one GP who visits weekly. The GP is on-call after hours. The unit manager is also available for after-hours calls and advice. When interviewed, the GP expressed satisfaction with the care. The service works alongside all residents (including those with disabilities) to ensure all identified barriers to accessing information or services are minimised or eliminated. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for eight hours a week. A podiatrist visits six-weekly and a dietitian, speech language therapist and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and RNs interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by healthcare assistants (HCA's) and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Overall, short-term care plans were well utilised for issues such as infections, weight loss, and wounds. When a resident's condition alters an RN initiates a review with a GP. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There were eleven residents with wounds (three unstageable pressure injury, two stage 3 pressure injuries, and skin tears). A wound register is maintained. Section 31's</p>
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		<p>were completed for pressure injuries.</p> <p>Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, pain, behaviour, blood sugar levels and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs two activity coordinators. Both have completed level 4 diversional therapy course and work 30 hours per week (Monday to Friday). Over the weekend activities programme is run by healthcare assistants. One activity coordinator works in the rest home/hospital and the other in dementia unit. The facility has two separate monthly planners. The activities team is supported by the CHT diversional therapist. The overall programme has integrated activities that is appropriate for all residents. The activities are displayed in large print on all noticeboards.</p> <p>Meaningful activities for residents in the dementia unit include garden walks, checking the mail, arts and crafts, baking, board games and weekly bus trips. Residents in the dementia unit had 24-hour activity plans which included strategies for distraction and de-escalation. The activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>There are one-on-one activities with residents in the afternoons. One-on-one activities include hand massage, bible reading, sensory activities, foot spa and beauty therapy. The rest home/hospital programme include group morning activities such as exercises, newspaper reading, group strolls, arts and crafts, board games, flower</p>

		<p>arranging and storytelling. The service celebrates themes, birthdays, and festive occasions. There are also te reo Māori sessions. The activities team incorporates the principles of Te Whare Tapa Whā into their programme.</p> <p>The service contracts a mobility bus for its hospital/rest home residents. Van outings have been on hold due to Covid but are due to recommence soon. It includes scenic drives to beaches, parks, cafés, inter-home visits and a visit to the Marae. Many family members provide entertainment with singing and dancing. The SPCA pet therapy visits regularly. There are three church services held weekly and Holy Communion on Sundays. Prior to Covid there were also visiting school and cultural groups but as yet, these have not recommenced.</p> <p>The younger people in the facility spend time together as a group and with their families. They are aware of the activity programme and choose to attend activities of interest. Many are independent with individual hobbies and interests and mobilise independently with power chairs to do their shopping. Some of the younger people are involved in leading activities such as the crafts group.</p> <p>A lifestyle questionnaire is completed soon after a resident's admission. The RN completes the activity assessment on admission. An individual activities plan is developed for each resident and evaluated six-monthly by the activity coordinator, in consultation with the resident. Participation is monitored. Residents have the opportunity to feedback on the activity programme through resident meetings and surveys. Residents and relatives interviewed stated they were very satisfied with activities offered.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a central medication room. Registered nurses and medication competent HCA's administer medications, and complete annual competencies and education. All medications are administered from prepacked robotic sachets. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies</p>

<p>access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>are fed back to the supplying pharmacy (also available on call). There was no resident self-medicating on the day of audit. There are no standing orders in use and no vaccines are stored on site.</p> <p>The medication fridge and room air temperatures are checked and recorded daily. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked.</p> <p>Eighteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. All medications are charted either regular doses or as required. There are currently no over the counter or supplements in use. These would be considered by the prescriber (GP) as part of the person's medication if used. The registered nurses and management described working in partnership with the current Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration</p>	<p>FA</p>	<p>The food service is contracted out. Food services are overseen by a kitchen manager. There is a fully functional kitchen, and all food is cooked on site by contracted kitchen staff. The qualified kitchen manager is supported by a weekend cook and kitchen hands. Staff have been trained in food safety and chemical safety. The four-week winter/summer menu is reviewed by a registered dietitian. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen sends meals to</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>the satellite kitchens by scan boxes and the food is served from these directly to the dining rooms. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are always snacks available. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> <p>The food control plan is due to expire in October 2022 (already booked for 06 October 2022). Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), scan box serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the kitchen manager when required. Resident preferences are considered with menu reviews. The kitchen manager stated that he could cater for cultural preferences. Resident surveys are completed annually. Residents interviewed expressed their satisfaction with the meal service. All stated that the meals have improved since the new kitchen manager started.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are referred to the dietitian. The dietitian informs the care staff and kitchen of any extra requirements. All CHT facilities use the 'replenish, energy and protein' (REAP) programme.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition,</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The facility uses the 'yellow envelope' system. The residents and their families were involved for all exits or discharges to and from the service. The service works alongside residents and families to ensure they have access to other health and disability services and</p>

<p>transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>social support or Kaupapa Māori agencies where required or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires in March 2023. The property services manager supervises all CHT sites. The maintenance person works two and a half days and is on call as required. There is a maintenance request book for repair and maintenance requests located at reception. This is checked and signed off when repairs have been completed. The facility is currently working on moving to an online system. There is a monthly, three-monthly, six-monthly, and annual maintenance plan that includes electrical testing and tagging of equipment including, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from CHT head office. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Testing and tagging of electrical equipment and calibration of medical equipment was completed in July 2022. There is a contracted gardener. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>The facility has seven wings, and each wing has occupancy of ten rooms except garden wing (dementia wing). Each wing has a kitchenette and open plan dining room and lounge. Seating and space can be arranged to allow both individual and group activities to occur. The facility has sufficient space and wide corridors for residents to mobilise using mobility aids and electric chairs. External areas are well maintained. Residents have safe access to external areas that have seating and shade.</p> <p>All resident rooms in the rest home/hospital are single and dual-purpose. The rooms are of an appropriate size to be able to provide for hospital level of care residents. Residents can safely move about the room with the use of mobility aids and there is sufficient space for</p>

		<p>the use of hoists for the safe transfer of residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. Resident rooms in the rest home/hospital have ensuites. There is a large communal bathroom for the use of a shower trolley if required. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>The dementia unit is secure. Resident rooms in the dementia unit are spacious enough for residents to mobilise safely. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. There are sufficient numbers of shared toilets and bathroom facilities which have privacy signs. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is easy access to the outdoor area which provides seating and shade. Residents were observed wandering inside and outside throughout the audit.</p> <p>There is gas underflooring heating. Temperature control is by maintenance. Residents and relatives interviewed reported the environment was suitable and maintained at a comfortable temperature. The facility has a designated smoking area. There are no plans for redevelopment, however if there are in the future, management are aware of their obligation to seek Māori advice to ensure their aspirations and identity is included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly, and one was last held May 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a cupboard, and</p>

		<p>these are checked monthly. In the event of a power outage, there is a generator on site. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and has cameras outside the building. Staff complete security checks at night. Currently, under Covid restrictions visitors are asked to sign in and to wear a mask at all times.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by Bug Control, and they meet annually with all CHT infection control staff following this review. Infection control audits are conducted. Infection rates are presented and discussed at quality and staff meetings. Infection control data is also sent to head office where it is reported at monthly Board meetings. The data is also benchmarked with other CHT facilities. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Bug Control and the local Te Whatu Ora service. The service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, medical notes, as well as the prescribing patterns of medical practitioners.</p>

		<p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform rapid antigen test (RAT) daily. There were no residents with Covid-19 infections on the days of audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical coordinator oversees infection control and the AMS programme across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The designated infection control coordinator is supported by the unit manager and area manager. During Covid-19 lockdown there were regular zoom meetings with CHT head office which provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is ample personal protective equipment, with extra stocks available as required.</p> <p>The infection control coordinator has completed an online infection control education. There is good external support from the GP, laboratory, Bug Control, and the local Te Whatu Ora infection control nurse specialist. The infection control coordinator has input to purchasing supplies and equipment, and the management report the infection control coordinator and infection control specialist would have input if there were any plans or refurbishments taking place.</p> <p>The online infection control manual from Bug Control outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Bug Control in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and</p>



		<p>single use equipment. All shared equipment is appropriately disinfected between use, and internal audits have been updated to include this. The service is working towards incorporating te reo information around infection control for Māori residents. Māori protocols are adhered to and staff are able to describe these practices acknowledging the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and infection control meetings as well as CHT head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>and annually. Infection control surveillance is discussed at quality and staff meetings and sent to CHT head office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from CHT head office and the local hospital for any community concerns.</p> <p>There have been two Covid 19 outbreaks (Feb 2022 and April 2022). These were well documented and appropriately reported. The facility followed their pandemic plan. All wings were kept separate, and staff were kept to one wing if possible. Staff wore PPE. Residents and staff were RAT tested daily. Families were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolley and the trolley is kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room which has a sanitiser and a sink. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. All cleaning services are contracted out.</p> <p>All laundry for Hillcrest is processed on site by a contracted service which is based at Hillcrest. The contracted service manages laundry for twelve CHT facilities including Hillcrest. Laundry (except personal laundry) from all sites is transported in colour coded bags with specific facility name tag on it by a dedicated laundry delivery service. There are defined clean/dirty areas for the pickup and drop off. The laundry operates from 9:00 am to 5:30 pm seven days a week. The laundry manager works 40 hours a week and is supported by a further eight</p>

		<p>laundry assistants. All laundry staff have completed recent chemical safety and infection control training. The laundry manager meets with the operational manager of contracted service and the unit managers from each of the twelve facilities monthly and is updated on matters related to infection. The laundry is well-equipped, and the equipment has been tested and tagged. The linen cupboards were well stocked.</p> <p>Cleaning and laundry services are monitored through the internal auditing system. Residents and relatives interviewed were satisfied with the standard of cleanliness and laundry services.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The facility and organisation are committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse. At the time of the audit, the facility had three hospital level residents using restraint (bed rails).</p> <p>The use of restraint is reviewed at least six-monthly and reported in the clinical, and staff/quality meetings. Results are shared with the governing body via the regional manager. The restraint coordinator interviewed described the focus on restraint minimisation. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to</p>	FA	<p>A restraint register is maintained by the restraint coordinator. The files of the three residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). The residents were using restraint as a last resort and/or at their insistence. Written consent was obtained from each resident and/or their EPOA. There have been no occasions where emergency restraint was required; however, there are procedures documented in</p>

<p>ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>policy for staff to follow.</p> <p>Monitoring forms are completed for each resident using restraint. Restraints are monitored at least two-hourly or more frequently should the risk assessment indicate this is required. No accidents or incidents have occurred as a result of restraint use.</p> <p>Monitoring of restraint includes residents' cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga. Restraints are regularly reviewed and discussed in the staff meetings.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The use of restraint is included in the internal audits carried out by the regional manager, with results shared with staff through the clinical, quality and staff meetings. Restraint data including any incidents are reported as part of the restraint coordinator's report to the clinical coordinator and unit manager. Data is then submitted to CHT head office via the care home and regional manager for benchmarking against other CHT sites.</p> <p>The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</p>

## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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