

CHT Healthcare Trust - CHT Glynavon

Introduction

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

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

Legal entity:	CHT Healthcare Trust	
Premises audited:	CHT Glynavon	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 16 January 2023	End date: 17 January 2023
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:	30	

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 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 Glynavon is certified to provide hospital (medical and geriatric) and rest home level of care for up to 33 residents. There were 30 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 Hauora a Toi Bay of Plenty. 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 (registered nurse) is appropriately qualified and experienced and is supported by a clinical coordinator and area manager. There are quality systems and processes being implemented. Feedback from residents and families was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified that there is a corrective action required relating to registered nurse cover on shifts.

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.



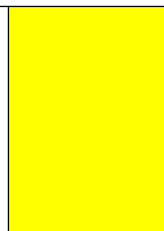
Subsections applicable to this service fully attained.

CHT Glynavon provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a 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 Glynavon 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.



Some subsections applicable to this service partially attained and of low risk.

CHT has an overarching strategy map with clear business goals to support organisational values. The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data is completed, with corrective actions developed as indicated. Meeting schedules are maintained.

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

There is a staffing and rostering policy. 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 senior 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. The service has a current food control plan.

All referrals, transfers and discharge 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.
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The building has a current systems status report, issued in lieu of a building warrant of fitness (as scheduled checks were impacted by Covid-19) and an emergency evacuation plan. The facility is divided into two floors, each with an individual lounge and dining area. All bedrooms apart from two are single occupancy and there is a mixture of full and shared ensuites. There is sufficient space to allow the movement of residents around the facility using mobility aids. Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. 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.

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. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been one Covid-19 outbreak since the previous audit, and this has 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 no restraints currently in use at CHT Glynavon 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	26	0	1	0	0	0
Criteria	0	157	0	1	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.

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>	FA	<p>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. Family 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 Glynavon. At the time of the audit, there were staff members identifying as Māori. 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</p>	FA	<p>The organisation has a cultural policy in draft that encompasses the needs of Pasifika. The policy will look to address the Ngā Paerewa</p>

<p>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>Health and Disability Services Standard.</p> <p>There were no Pacific residents on the day of the audit. The draft Pasifika policy determines that when Pacific residents are admitted, ethnicity information and Pacific people’s cultural beliefs and practices that may affect the way in which care is delivered is documented. On interview all care staff verified that this would occur. 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>CHT actively consults with current Pacific employees to finalise the draft Pasifika cultural policy and to access local community links. The service continues to provide equitable employment opportunities for the Pacific community. The Pacific health plan will ensure cultural safety, achieve equity and efficient provision of care for Pacific peoples.</p> <p>Interviews with ten staff (six care staff, chef manager, kitchen assistant, cleaner and maintenance person), six residents (three hospital, three rest home), five relatives (two rest home and three hospital), 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 service is upholding the residents’ rights. 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 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. Staff could describe ways they support and encourage resident's autonomy and independence.</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 Glynavon annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families. Results were shared at the December 2022 residents' meeting.</p> <p>A sexuality and intimacy policy is in place, with training as 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. Values and beliefs information is gathered on admission with family</p>

		<p>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 Glynavon are expected to uphold. CHT Glynavon policies prevent any form of discrimination, coercion, harassment, or any other exploitation. 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 a registered nurse, the clinical coordinator 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. Resident centred policies and the Māori health plan describe Te Whare Tapa Whā which is recognised and implemented in the workplace as part of staff wellbeing, with the aim to improve</p>

		outcomes for Māori staff and residents.
<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>	FA	<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. 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 no 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. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The registered nurse and clinical coordinator 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 choices</p>	FA	<p>There are policies around informed consent. Six resident files reviewed included consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19</p>

<p>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>and flu vaccinations were also on file where appropriate. 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.</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 and currently no complaints for 2023 year to date. Complaints logged include an investigation, follow up, and replies to the complainant. All three complaints in 2022 were internal complaints and have been fully resolved. There have been no complaints received from external agencies since the previous audit.</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 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 monthly, and relatives are invited to</p>

		<p>attend. Residents/relatives making a complaint can involve an independent support person in the process if they choose to do so. The unit manager acknowledged the importance of face-to-face communication with Māori and maintains an open door policy. The code of rights and complaint information is available in te reo.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>CHT Glynavon is located in Te Puke in the Bay of Plenty 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 33 residents at hospital level (medical and geriatric) and rest home level of care. There are two double rooms, and the remaining 29 rooms are single occupancy. There are five dedicated rest home rooms and 26 dual purpose rooms.</p> <p>On day one of the audit, there were 30 residents; 14 rest home residents, including two residents were on a long-term support–chronic health contract (LTS-CHC), and 16 hospital level residents, including one resident on a young person disability contract (YPD). The remaining residents were under the age-related residential care agreement (ARRC).</p> <p>CHT has an overarching strategy map with clear business goals to support organisational values. One of CHT’s key business goals is to provide equal access to aged care services. They aim to achieve this by providing affordable care and by enhancing physical and mental wellbeing of their residents. CHT premium rates and room sizes are in line with those principles, supporting their goal.</p> <p>The business plan (2022-2023) includes a mission statement and operational objectives. The unit manager reports on these areas monthly to the area manager.</p> <p>The governance body of CHT 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 Chairperson of the Board is also an experienced director and Chairs other organisational Boards. The area manager interviewed explained the strategic plan, its reflection</p>

	<p>of collaboration with Māori, which aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The Quality, Health & 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. 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 Health New Zealand Hauora a Toi Bay of Plenty, 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 facilities monthly and externally through other New Zealand aged care providers quarterly.</p> <p>The unit manager (registered nurse) has been in the role for twenty-six years. The unit manager is supported by the 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, infection control, cultural and</p>
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		restraint training.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>CHT Glynavon has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data 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 selection invited each month (on the yearly anniversary of their admission), with the aim of covering all residents and families in a calendar year. Surveys completed in 2022 reflect high levels of resident/family satisfaction, with consistent scores of 100% for the majority of 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 service is delivered to 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 who is the unit manager. 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>Twelve accident/incident forms reviewed for December 2022 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.</p> <p>Discussions with the unit manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. A number of Section 31's related to RN staffing, a resident not returning to the facility and one previous resident with a pressure injury, had been submitted in 2022. There has been one Covid-19 outbreak in December 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 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.</p>	<p>PA Low</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, the activities coordinator and a selection of HCAs hold 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, casual staff, or bureau 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>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>There is a current vacancy for a RN to work 24 hours a week. Recruitment is ongoing. Due to the facilities current RN shortage, there are occasional shifts that are not covered by a RN, if bureau RNs are not available. These shifts are therefore covered by level 4 medication competent HCAs. The unit manager and the clinical coordinator are on call 24/7 for advice and support. There was a</p>

	<p>significant national health workforce shortage at the time of the audit. Findings relating to staff shortages should be read in the context of this national issue.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (Altaura 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 Te Whatu Ora Hauora a Toi Bay of Plenty, 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. Twelve HCAs are employed. The CHT Glynavon orientation programme ensure core competencies and compulsory knowledge/topics are addressed. Eight HCAs have achieved a level 4 NZQA qualification, three level 3, and one is awaiting enrolment.</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies, including (but not limited to) 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 (but are not limited to) syringe driver and interRAI assessment competency. Three RNs (including the clinical coordinator) are interRAI trained. All RNs also attend external training, through 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 monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). Staff wellness is</p>
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		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>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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. 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. 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 programme supports RNs and HCAs to provide a culturally safe environment for Māori.</p> <p>Ethnicity data is identified for staff, 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 to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of</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</p>

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>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. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<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. Six admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service.</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.</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</p>

		<p>entry and decline rates for Māori. The service is currently working on increasing links to local Māori health practitioners and Māori health organisations, to improve health outcomes for Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six electronic resident files were reviewed: three rest home, including one resident on a long-term support chronic health contract (LTS-CHC) and three hospital level, including one younger person with a disability (YPD). Registered nurses (RN) 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 specific cultural assessment included in the lifestyle assessment. All initial assessments and care plans were signed and dated. Five of the six resident files reviewed had up-to-date interRAI assessments and care plans had been evaluated within the required six-month timeframe. The YPD resident did not require an interRAI assessment; however, all other risk assessments and the care plan were up to date.</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. Care plans reviewed have been updated when there were changes in health conditions and identified needs. 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 is holistic and 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. Progress towards goals is discussed at these reviews. Residents interviewed reported their needs and expectations were being met.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each</p>

	<p>resident three-monthly. There is one GP who visits weekly. The GP is on-call after hours. The unit manager and clinical coordinator are 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 four hours per week. A podiatrist visits six-weekly and a dietitian, speech language therapist and wound care specialist nurse are available as required.</p> <p>Care staff 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>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. Family was notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There were four residents with wounds. There were no residents with pressure injuries on the day of audit. A wound register is maintained.</p> <p>Care staff 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</p>
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		<p>injuries. Incident reports reviewed evidenced timely RN follow up. Where possible, opportunities to minimise risks were identified and implemented.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>CHT Glynavon has implemented an activity programme over seven days. The activities team consists of two activities coordinators. One works Monday to Thursday, and one Friday to Sunday. Each resident has an individual activities assessment on admission and from this information, an individual activities plan is developed as part of the care plan by the registered nurses, with input from the activities staff. Residents are free to choose when and what activities they wish to participate in. An individual activities attendance register is maintained.</p> <p>The overall programme has integrated activities that is appropriate for all residents. The activities are displayed in large print on all noticeboards. They include (but not limited to): exercises; reading news; word games; board games; bingo; golf; arts; and crafts. Seasonal celebrations include, but are not limited to: Anzac Day; Easter crafts and church services; mid-winter; pink ribbon day; Matariki; Waitangi Day; St Patricks day; Father's Day; and Mother's Day.</p> <p>The programmes allow for flexibility and resident choice of activity. One on one activities such as individual walks, chats, hand massage/pampering occur for residents who are unable to participate in activities or who choose not to be involved in group activities. There are plentiful resources to accompany activities and the service has a dedicated activity room. Canine therapy visit weekly. CHT Glynavon contracts a van for outings. Church services are held two-weekly. Residents are encouraged to maintain links to the community. Residents go out for coffee and shopping with families, in addition to community led 'Kauri group' activities programme.</p> <p>The activities team incorporates the principles of Te Whare Tapa Whā into their programme, with other culturally appropriate activities including Māori language week, the use of te reo, and traditional</p>

		<p>crafts.</p> <p>There are seating areas where quieter activities can occur. The residents interviewed described how they enjoy attending the activities and contributing to the programme. The service receives feedback and suggestions for the programme through regular resident meetings and surveys. The residents and relatives interviewed were happy with the variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>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 HCAs 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 are fed back to the supplying pharmacy (also available on call). There were six residents self-administering medications on the day of audit and all residents had signed medication competencies on file and safe storage available. 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 twice-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>Twelve 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. All over the counter medications are considered and</p>

		<p>prescribed by the GP. The registered nurses and management described working in partnership with residents (including Māori), to ensure the appropriate support is in place for their relatives, 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 needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is contracted out. A chef manager oversees food services. There is a fully functional kitchen, and all food is cooked on site by contracted kitchen staff. The qualified chef 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 at head office level. 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 service caters for residents who require texture modified diets and other foods, with pureed/soft meals provided as required. The kitchen serves directly into the main dining room, with meals to the upstairs dining room being transported in a temperature-controlled scan box from where the food is served directly. 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 was verified in April 2022 for 12 months. 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 resident meetings, which are attended by the chef manager when required. Resident preferences are considered with menu reviews. The chef manager stated that cultural preferences are catered for where residents request this. Residents interviewed expressed their</p>

		<p>satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are able to be referred to the dietitian. The dietitian can then inform 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, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>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 transfer documentation' system and checklist to ensure all relevant documents are sent with the resident being transferred. 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 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>	FA	<p>The building holds a current building systems status report issued in lieu of a building warrant of fitness, due to Covid-19 restrictions. This expires in June 2023. The property services manager supervises all CHT sites. The maintenance person works full time 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. There is a monthly, three-monthly, six-monthly, and annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available as required. Testing and tagging of electrical equipment and calibration of medical equipment was completed in October 2022. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest</p>

		<p>home, and hospital level of care residents.</p> <p>The facility is divided into two floors, each with an individual lounge and dining area. There are 23 beds on the ground floor, and 10 on the first floor. All bedrooms apart from two are single occupancy and there is a mixture of full and shared ensembles. The resident rooms are of sufficient size to meet the residents' assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. The bedrooms were personalised. Healthcare assistants interviewed reported that rooms have sufficient space to allow cares to take place. There are a sufficient number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. Toilets and showers have privacy systems in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>There are small library areas, and seating alcoves throughout the facility. Fixtures, fittings, and flooring are appropriate. The external area is well maintained and has seating, shade, raised garden beds and decking.</p> <p>There is thermostatically controlled electrical heating. Residents and relatives interviewed reported the environment was suitable and maintained at a comfortable temperature. The facility is non-smoking. There are no plans for redevelopment; however, if there are in the future, the 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.</p>

		<p>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 these are checked monthly. In the event of a power outage, there are alternative cooking methods available. 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 staff complete security checks at night. Currently, under Covid-19 restrictions, visitors are asked to sign in and to wear a mask at all times.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</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 Hauora a Toi Bay of Plenty service. The service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of</p>

		<p>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.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid-19 vaccinations. All staff, visitors and contractors are requested to wear a face mask while in the facility. 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 unit manager 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 area manager supports the infection control coordinator. 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 infection control education. There is good external support from the GP, laboratory, Bug Control, and Te Whatu Ora Hauora a Toi Bay of Plenty infection control nurse specialist. The infection control coordinator has input to purchasing supplies and equipment. The unit manager (infection control coordinator) stated both they and the 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</p>

		<p>are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use, and internal audits have been updated to include this. 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.</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality 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 has been one Covid 19 outbreak in December 2022. The outbreak was 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 antimicrobial resistant 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 Glynavon is processed off site by a contracted service. Laundry 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</p>

		<p>manager meets with all the CHT unit managers from each of the twelve facilities monthly and is updated on matters related to infection. The linen cupboards were well stocked.</p> <p>Cleaning and laundry services are monitored through the internal auditing system, which are reviewed by the infection control coordinator. 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>	<p>FA</p>	<p>The facility and CHT as an organisation is 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 will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse who is supported by the facility manager. At the time of the audit, the facility was restraint free.</p> <p>The use of restraint (if any) would be included in quality data and reported in the clinical, and staff/quality meetings. Quality information, including restraint, would be included in the reports to the governance body. The restraint coordinator interviewed described the focus on restraint elimination.</p> <p>The use of restraint (if any) would be reported in the clinical, and staff/quality meetings. The restraint coordinator interviewed described the focus on restraint minimisation.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>As per the ARRC contract with Te Whatu Ora Health New Zealand Hauora a Toi Bay of Plenty, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times; however, the service has been unable to provide a registered nurse on site at times for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising an on-call process with the unit manager and clinical manager at all times. The shifts not covered by RNs are all covered by level 4 medication competent HCAs. The service has submitted Section 31 notifications when this has occurred.</p>	<p>The service does not have sufficient numbers of registered nurses to have a RN on duty at all times as per the ARRC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARRC contract D17.4 a. i.</p> <p>90 days</p>

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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.