

Trinity Home and Hospital Limited

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health Audit (NZ) Limited, 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 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Trinity Home and Hospital Limited

Premises audited: Trinity Home & Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 9 December 2014 End date: 10 December 2014

Proposed changes to current services (if any): Reconfiguration of services to increase the capacity of dementia beds from 16 to 24 beds; increase the number of hospital beds from 19 to 26; decrease the number of rest home beds from 22 to 9; and increase the number of dual purpose beds from 5 to 19. An overall increase in bed numbers from 62 to 78.

Total beds occupied across all premises included in the audit on the first day of the audit: 58

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 outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

General overview of the audit

Trinity Home and Hospital is currently providing hospital, rest home and dementia level care. The service provider has built 18 new bedrooms that can be used by either hospital or rest home level residents. The service provider is also proposing to increase the number of dementia level care beds by incorporating one of the rest home wings into the existing secure dementia unit.

This audit was undertaken to establish the level of preparedness of the provider to provide this newly configured service. The facility is operated by Trinity Home and Hospital Limited.

Five areas were identified as requiring improvement during this audit relating to: evidence of approval from the District Health Board (DHB) for the increase in dementia level care beds; the staff education programme; evidence of approval of the fire evacuation plan by the New Zealand Fire Service that incorporates the new wing; medication management; and food service.

Organisational management

Trinity Home and Hospital Limited is the governing body and is responsible for the service provided at Trinity Home and Hospital. Planning documents reviewed include a business plan and vision and mission statements. Systems are in place for monitoring the service provided at Trinity Home and Hospital including regular monthly reporting by the general manager to the board. The general manager is supported by a clinical manager who is a registered nurse. There is no written evidence that the District Health Board has approved the increased number of dementia level care beds beyond the required maximum number in the funding contract.

There are policies and procedures on human resources management and the validation of current annual practicing certificates for personnel who require them to practise is occurring. In-service education is provided at least monthly, however, improvements are required as core education topics are not provided on a regular basis. Staff are also supported to complete the New Zealand Qualifications Authority Unit Standards. A review of staff records provides evidence that human resource processes are being followed, orientations are being completed and individual education records are maintained.

There is a documented rationale for determining staffing levels and skill mix in order to provide safe service delivery that is based on best practice. Registered nurses are on duty at all times. Care staff interviewed report there is adequate staff available and that they are able to get through their work. The clinical manager has developed a staff roster that will be implemented in stages as residents are admitted to the reconfigured service.

Continuum of service delivery

There is an appropriate medicine management system in place. The staff responsible for medicine management have current medication competencies. There were no residents who self-administered medicines on audit days. There are areas requiring improvement around signing of medication administration charts and checking of controlled drugs on a weekly basis.

Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. The resident's dietary needs are identified on admission, documented in nutrition

profiles and communicated to the kitchen staff. The menu has been reviewed by a dietitian. There are areas identified as requiring improvement around monitoring of food temperatures and dating of decanted foods.

Safe and appropriate environment

The reconfiguration of services at Trinity Home and Hospital consists of building 18 new bedrooms to hospital level standard. An existing eight bed rest home wing will be converted in to a dementia unit as part of this project.

A certification of public use for the new building work has been issued by the local authority. The New Zealand Fire Service has not advised if the existing fire evacuation plan remains approved.

There are adequate toilet and shower facilities in the new area. Residents' rooms are large enough to allow for residents to safely move around in them. There are lounge and dining facilities available throughout the facility. An appropriate call system is available and security systems are in place.

There are policies and procedures for waste management, cleaning, laundry and emergency management and these are known by staff. Staff receive training to ensure safe and appropriate handling of waste and hazardous substances. Visual inspection provides evidence of sluice facilities in both units, safe storage of chemicals and equipment and that protective equipment and clothing is provided and is used by staff.

Infection prevention and control

The infection control policy meets the needs of the service and provides information and resources to inform staff on infection prevention and control. Interview with the infection control nurse confirms there is an infection control nurse's role with a position description.

There is documented evidence of reports on infection related issues by regular reporting systems. The infection control programme is reviewed annually.

Summary of attainment

The following table summarises the number of standards 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)
Standards	0	10	0	5	0	0	0
Criteria	0	30	0	4	1	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Trinity Home and Hospital Limited is the governing body and are responsible for the service provided at Trinity Home and Hospital (Trinity). An annual report and business plan were reviewed along with vision and mission statements, philosophy and scope of service provided at Trinity. The service philosophy is in an understandable form and is available to residents and their family / representative or other services involved in referring residents to the service.</p> <p>Systems are in place for monitoring the service provided at Trinity including regular monthly reporting by the general manager to the governing body. Meeting minutes reviewed included board meetings, combined staff/quality meetings, registered nurse (RN) and resident meetings.</p> <p>A written quality and risk management plan/policy identifying the organization's quality goals, objectives, and scope of service delivery were reviewed and included statements about quality activities and review processes.</p> <p>The general manager (GM), who was appointed in April 2008, has a nursing background but does not retain an annual practising certificate. The GM has worked in various health management roles in New Zealand over the last 27 years. The GM is supported by a clinical manager who was appointed to this role</p>

		<p>in October 2013. The clinical manager is a registered nurse with a current practising certificate and is responsible for oversight of the clinical care provided at Trinity. The clinical manager and GM are supported by a nurse consultant, who is a registered nurse with extensive aged care management experience.</p> <p>The personal files were reviewed for the clinical manager and the GM and there was documented evidence they attend education to keep themselves up-to-date.</p> <p>Trinity Home and Hospital Limited is certified to provide hospital, rest home, and dementia level care and has contracts with the District Health Board (DHB) to provide rest home, hospital, dementia, day care, residential respite, long term support - chronic health conditions services, and residential – non aged services.</p> <p>Trinity currently has 22 hospital level beds, 24 rest home level beds and 16 dementia level beds. Five of the hospital level beds are able to be used for either rest home or hospital level residents. There were 24 hospital, 20 rest home and 14 dementia level care residents during this audit. The service provider is proposing to reconfigure the service so that 26 hospital, nine rest home and 24 dementia level beds are provided. The GM advised there will be 20 dementia level beds as well as four dementia level respite beds (see criterion 1.2.2.1). The GM advised they are also proposing to increase the dual purpose beds from 5 to 19.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>PA Low</p>	<p>There is no written notification that the District Health Board has approved the increased number of dementia level care beds beyond the required maximum number in the funding contract (ARC E3.3a) (see criterion 1.2.2.1)</p> <p>There are appropriate systems in place to ensure the day-to-day operation of the service continues should the general manager (GM) and/or the clinical manager (CM) be absent. The CM relieves the GM if they are absent and a registered nurse relieves the CM when they are absent. Additional support is provided by the resource manager. Twenty four hour registered nurse cover is provided.</p> <p>Additional support and assistance is provided by a nurse consultant who was the previous nurse manager. Services provided meet the specific needs of the resident groups within the facility. Job descriptions and interviews of the GM and CM confirm their responsibility and authority for their roles.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Written policies and procedures in relation to human resource management were reviewed. Staff files reviewed included job descriptions, employment agreements, reference checking, criminal vetting, completed orientations, competency assessments (as appropriate), performance appraisals, and copies of annual practising certificates for staff that require them to practice. A register of current practising certificates for contracted health professionals was also reviewed.</p> <p>The clinical manager is responsible for the inservice education programme and inservice education is provided for staff at least once a month. The education planner for 2014 and early 2015 was reviewed along with individual staff education records. Improvements are required with the management of staff inservice education as there was no evidence that infection control education and medication management education has been provided in 2014, and not all of the registered nurses have current cardiopulmonary resuscitation (CPR) certificates (see criterion 1.2.7.5).</p> <p>Staff are supported to complete the aged care specific education modules. The GM and clinical manager advised that all care staff are required to complete the dementia specific education modules as staff work across all areas. The electronic education database indicated that care staff currently working in the dementia unit have completed or commenced the dementia specific education modules.</p> <p>An orientation/induction programme is available and all new staff are required to complete this prior to their commencement of care to residents. Staff are orientated for three to ten shifts at the beginning of their orientation. The entire orientation process, including completion of competencies, takes up to three months to complete and staff performance is reviewed at the end of this period. Orientation for staff covers the essential components of the service provided.</p> <p>Staff interviewed confirmed they have completed an orientation, including competency assessments (as appropriate). Staff also confirmed their attendance at on-going inservice education.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service</p>	<p>FA</p>	<p>There is a documented rationale (staffing levels and skill mix policy) for determining staffing levels and skill mixes in order to provide safe service delivery that is based on best practice. The minimum number of staff that is currently provided is during the night shift and consists of one RN and three care givers.</p>

<p>providers.</p>		<p>There is at least one caregiver in the dementia unit at all times.</p> <p>The clinical manager was interviewed and a proposed roster and transition plan for staffing the increased bed numbers was reviewed. Twenty four hour RN cover is provided.</p> <p>Care staff interviewed report there is adequate staff available and that they are able to get through the work allocated to them. Family members and residents interviewed report there is enough staff on duty to provide them with adequate care. Visual observations during this audit confirm adequate staff cover is provided.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>There is an appropriate and secure medicine management system, free from heat, moisture and light, with medicines stored in original dispensed packs. The medication fridge temperature checks are conducted and recorded.</p> <p>There are ten registered nurses (RN), one enrolled nurse (EN) and one clinical manager (RN) with current medication competencies, assessed as competent to administer medicines. Interviews with three RNs and one clinical manager confirm their current medication competencies. A medication round was observed.</p> <p>Staff education in medicine management was conducted in May 2013 and this was evidenced in the staff records sampled. The in-service plan records staff education session on medication systems was conducted in May 2014, however staff attendance records could not be sighted and staff files sampled did not confirm staff attendance at the May 2014 education session (refer to 1.2.7.5).</p> <p>Medication charts (six rest home, six hospital and six dementia) were sampled and demonstrated residents' photo identification, medicine charts are legible, as required medication (PRN) is identified for individual residents, three monthly medicine reviews are conducted and discontinued medicines were dated and signed by the GP. The residents' medicine charts list all medications a resident is taking (including name, dose, frequency and route to be given). There were no residents at the facility who self-administer medicines.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	<p>PA Low</p>	<p>The menu was last reviewed by a dietitian in May 2013. The food is prepared and cooked on site. The dinner time food service was observed.</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>Visual inspection evidenced the dementia wing has a kitchenette for staff to be able to store and make snacks for residents.</p> <p>The residents' dietary profiles are located in the kitchen and were sighted. An interview with the cook confirmed awareness of the residents' dietary needs. The residents' dietary requirements are identified, documented and reviewed, confirmed at RN interview and sighted in the resident files reviewed. There is evidence in the resident files sampled of monthly weight monitoring and this is confirmed at RN interviews.</p> <p>The kitchen staff have current food safety training, sighted in staff files. The residents and family interviewed were generally satisfied with the food service provided, report residents' individual preferences are catered for and adequate food and fluids are provided.</p> <p>The area requiring improvement at last audit around cleaning schedules has been fully attained.</p> <p>The temperatures of the chillers and freezers are recorded, sighted.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There were documented processes in place for the management of waste and hazardous substances. Material safety data sheets provided by the chemical representative were available and were accessible for staff. Education was provided on chemical safety for staff in April and November 2014. Staff interviewed reported they have received training and education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>Visual inspection of the facility provided evidence that hazardous substances were correctly labelled, and the container was appropriate for the contents including container type, strength and type of lid/opening. Sluice facilities are provided in each area for the disposal of waste; and protective clothing and equipment that is appropriate to the risks associated with the waste or hazardous substances being handled are provided and were being used by staff. For example, gloves, aprons, and masks were sighted in the sluice rooms and laundry.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible</p>	<p>FA</p>	<p>A certificate of public use was sighted. The resource manager interview confirmed there are preventative and reactive maintenance programmes in place, sighted. The medical equipment checks were conducted by an external contractor in May</p>

<p>physical environment and facilities that are fit for their purpose.</p>		<p>2014. There is safe storage of medical equipment, sighted. Electrical testing of equipment is carried out annually.</p> <p>The dementia unit has space to allow for freedom of movement internally with multiple accesses to an external patio and garden area. The corridors throughout the facility are wide enough to allow residents to pass each other safely; the safety rails are secure and appropriately located and the floor surfaces/coverings are appropriate to the resident group and setting.</p> <p>Residents interviewed confirmed they are able to move freely around the facility and that the accommodation meets their needs.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>The living, dining, bathing, toilet and outdoor areas of the dementia unit are separate from the rest home and hospital residents' residing at the facility.</p> <p>There is one bedroom with a full ensuite and two bedrooms with partial ensuites in the existing hospital wing. In the new extension there are three of eighteen bedrooms with full ensuites. All other bedrooms in the facility have hand basins.</p> <p>There is adequate number of communal toilets and shower facilities in the facility. The bathroom facilities are of an appropriate design and number to meet the needs of the residents. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned.</p> <p>The hot water temperatures are monitored weekly. The hot water temperature readings are adjusted when outside of the recommended temperature range.</p> <p>Appropriately secured and approved handrails are provided in bathroom areas. There are additional toilet facilities for visitors and staff. There are three sluice rooms located in the facility.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Visual inspection evidenced that adequate personal space is provided in all bedrooms to allow residents and staff to move around within the room safely. The new bedrooms have access through double doors.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment,</p>	<p>FA</p>	<p>The existing eight bed rest home wing has a lounge and kitchenette and this will</p>

<p>Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>provide a second lounge for the enlarged dementia unit.</p> <p>Visual inspection evidenced adequate number of lounge and dining areas with appropriate seating for residents for both dining and recreation.</p> <p>The internal and external physical environment of the facility is suitable for the rest home, hospital and dementia level residents and allows for freedom of movement.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Cleaning and laundry policies and procedures were available for staff use. There were policies and procedures for the safe storage and use of chemicals / poisons.</p> <p>All linen is washed on site and there is good dirty / clean flow. The laundry person responsible for laundry management was interviewed in the laundry and described the management of laundry including the transportation, sorting, storage, laundering, and the return of clean laundry to the residents. One of the cleaners was also interviewed and described their responsibilities.</p> <p>Visual inspection of the facility provided evidence of implementation of appropriate cleaning and laundry processes. The effectiveness of the cleaning and laundry services is audited via the internal audit programme and completed audits for laundry and cleaning were reviewed. The chemical representative also provides reports during their visits.</p> <p>Visual inspection of the facility provided evidence that: safe and secure storage areas are available and staff have appropriate and adequate access to these areas as required; chemicals are labelled and stored safely within these areas; chemical safety data sheets or equivalent are available; appropriate facilities exist for the disposal of soiled water/waste (i.e., sluice rooms, convenient hand washing facilities are available, and hygiene standards are maintained in storage areas).</p> <p>Residents and family interviewed state they are satisfied with the cleaning and laundry service provided.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>A letter from New Zealand Fire Service (NZFS) dated 22 June 2010 was reviewed confirming approval of fire evacuation scheme by NZFS on 03 October 1995. There was no documentation from NZFS available confirming the existing fire evacuation scheme remains approved as a result of the building alterations. Evidence of an approved evacuation scheme was received following this audit</p>

		<p>(see criterion 1.4.7.3). The last trial evacuation was held on 29 July 2014.</p> <p>Documented systems were in place for essential, emergency and security services. Policy and procedures documenting service provider/contractor identification requirements appropriate to the resident groups and setting along with policy/procedures for visitor identification were available. There were also policy/procedures for the safe and appropriate management of unwanted and/or restricted visitors.</p> <p>Registered nurses, senior caregivers and staff driving the van are required to have current cardiopulmonary resuscitation (CPR) certificates, although not all registered nurses have current CPR certificates (see link criterion 1.2.7.5). The general manager and resource manager advised during interview that there is at least one staff member on duty with a current CPR certificate. Emergency and security management education is provided as part of the annual in-service education programme.</p> <p>Processes are in place to meet the requirements for the 'Major Incident and Health Emergency Plan' in the Service Agreement.</p> <p>A visual inspection of the facility provided evidence that: information in relation to emergency and security situations is readily available/displayed for service providers and residents; emergency equipment is accessible, stored correctly, not expired, and stocked to a level appropriate to the service setting; oxygen is maintained in a state of readiness for use in emergency situations.</p> <p>A visual inspection of the facility evidenced emergency lighting, torches, gas and BBQ for cooking, extra food supplies, emergency water supply (potable/drinkable supply and non-potable/non drinkable supply), blankets, and cell phones.</p> <p>Call bell systems were in place that are used by the resident or staff member to summon assistance if required and is appropriate to the resident groups and setting. Call bells were accessible / within reach, and are available in resident areas. Residents interviewed confirmed they have access to call bells and staff respond in a timely manner.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained</p>	<p>FA</p>	<p>Visual inspection evidenced that each room is provided with adequate natural light. Ventilation is by opening windows and doors. The environment is maintained at comfortable temperature. Residents and family interviewed confirmed the facility is</p>

at a safe and comfortable temperature.		maintained at an appropriate temperature.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control (IC) policy and the IC programme meet the needs of the service and provide information and resources to inform staff on infection prevention and control, confirmed at staff interviews. Interview with the clinical manager/RN /infection control nurse (ICN) was conducted. Infection control processes were observed to be followed at the facility.</p> <p>The delegation of infection control matters is documented along with an ICN job description, sighted. The IC programme is reviewed annually, last review was conducted in October 2014. The IC programme for 2014 and 2015 was sighted and evidences the plan incorporates the new hospital and extra dementia beds.</p>

Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer 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 1.2.2.1</p> <p>During a temporary absence a suitably qualified and/or experienced person performs the manager's role.</p>	PA Low	<p>Email communication between the general manager and a portfolio manager from the local District Health Board (DHB) concerning the increase in dementia beds to 24 was reviewed. The email does not provide documented definitive evidence of approval by the DHB to have more than 20 dementia level beds.</p> <p>This email documentation states that there will be 20 permanent dementia beds plus four respite beds and that the residents will be accommodated in two different wings with shared external areas.</p> <p>The existing dementia wing (Cullen Wing) has 16 single bedrooms and the additional eight beds are in the Aotea Wing, which is immediately adjacent to</p>	<p>There is no written notification from the District Health Board that they have approved more than 20 dementia level beds (E3.3a).</p>	<p>Provide evidence of written notification from the District Health Board that they have approved more than 20 dementia level beds</p> <p>Prior to occupancy</p>

		<p>the Cullen Wing, and is currently used by rest home residents.</p> <p>The general manager advised they are proposing to use 4 of the 24 dementia beds as respite beds. The general manager also advised they could continue to operate as two separate dementia wings with shared external areas. The clinical manager advised during interview that they will be staffing both of these wings with separate staff.</p>		
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	<p>PA</p> <p>Moderate</p>	<p>The course content for the CPR training provided for staff, which meets New Zealand Quality Authority (NZQA) unit standard 6402, was reviewed and includes; safety; recovery position; emergency assessment; adult, child and infant CPR; choking – adult child and infant; anaphylaxis; seizures and oxygen therapy. Attendance records reviewed provided evidence that six of twelve registered nurses (RNs) have current CPR certificates, three of twelve RNs are new and are still to complete the CPR training; one of twelve completed CPR training elsewhere and their certificate is current, one RN's certificate expired in April 2014, and one RN has not completed any CPR or first aid training.</p> <p>Four RN files were reviewed and three of the files do not provide evidence of current first aid certificates.</p> <p>Records reviewed indicated that 13 care</p>	<p>(i)Core education topics such as infection control education and medication management are not provided on a regular basis; and (ii) not all of the registered nurses have current first aid or CPR certificates.</p>	<p>Provide evidence that (i) infection control education and medication management education are provided on a regular basis; and (ii) all of the registered nurses have current first aid or CPR certificates.</p> <p>90 days</p>

		<p>givers have current CPR certificates, as well as two diversional therapists and one enrolled nurse.</p> <p>Infection control education was last provided on 30 May 2013. Medication management education was last provided on 8 August 2013. The 2014 training calendar indicated that medication management education was provided in May 2014 but there was no documented evidence, such as attendance records, to support this</p>		
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>There is one controlled drug storage at the facility. The controlled drug register was sighted and evidenced the weekly checks had not been conducted for a period of six weeks prior to the audit. The clinical manager conducted controlled drug check on the first day of the audit. Eighteen medication charts were sampled and evidenced four of eighteen medication signing sheets were not completed/ signed after medication had been administered.</p>	<p>The controlled drug weekly checks had not been completed for six weeks prior to the audit and there was inconsistency in the completion of the medication administration signing sheets.</p>	<p>Provide evidence of weekly checks of controlled drugs and completion of medication administration signing sheets after medicines have been administered.</p> <p>90 days</p>
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Low	<p>The kitchen was observed to be clean and cleaning schedules were signed off by staff when cleaning was completed. Interview with the cook and visual observation evidences the decanted foods are not dated and the food temperatures are not monitored.</p>	<p>Food temperatures are not being monitored and decanted foods are not dated.</p>	<p>Provide evidence the food temperatures are monitored and decanted foods are dated.</p> <p>30 days</p>

<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	<p>PA Low</p>	<p>The general manager advised during interview that the fire evacuation scheme remains unchanged as a result of the reconfiguration of services.</p> <p>A letter dated 18 December 2014 from New Zealand Fire Service was received following this audit advising Trinity Home and Hospital has an approved evacuation scheme. The letter advised that the evacuation scheme was approved on 3 October 1995 and the last recorded evacuation was held on 18 December 2014.</p>	<p>There is no documented evidence available from New Zealand Fire Service confirming that the existing approved fire evacuation plan remains approved as a result of these alterations. Evidence of an approved evacuation scheme was received following this audit.</p>	<p>Provide documented evidence from the New Zealand Fire Service that the existing approved fire evacuation plan remains approved as a result of these alterations. Evidence of an approved evacuation scheme was received following this audit.</p> <p>Prior to occupancy</p>
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Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer 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.