

# Trinity Home and Hospital Limited - Trinity Home & Hospital

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## Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

<b>Legal entity:</b>	Trinity Home and Hospital Limited
<b>Premises audited:</b>	Trinity Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 21 September 2022    End date: 22 September 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	69

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

### Key to the indicators

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

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Trinity Home and Hospital is owned by Trinity Trust and operated by a Board of directors. The service provides rest home, hospital (medical and geriatric) and secure dementia care services for up to 78 residents. There were 69 residents receiving services.

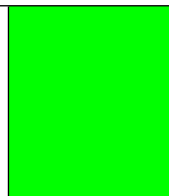
This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the service's contract with Te Whatu Ora -Health New Zealand Taranaki. The audit process included a review of policies and procedures, a review of residents and staff records, observations, and interviews with management, residents, family/whānau, staff, the general practitioner, and nurse practitioner.

A general manager is responsible for the management of the facility and is supported by a clinical nurse manager. The residents and families spoke positively about the care provided.

The audit identified one area requiring improvement relating to the shortage of registered nurses.

## 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.



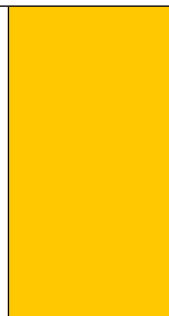
Subsections applicable to this service fully attained.

Trinity Home and Hospital 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. 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. 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 medium or high risk and/or unattained and of low risk.

The business plan includes a vision 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 were all documented as taking place as scheduled, with corrective actions as indicated. There is a health and safety programme implemented. Hazards are managed. Incident reports are fully completed and analysed for trends. Essential notifications are reported accordingly.

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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Residents are assessed before entry to the service to confirm their level of care. The registered nurses (RNs) are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions are appropriate and evaluated promptly.

There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Twenty-four-hour dementia activity care plans are in place. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner (GP) and nurse practitioner (NP) are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours.

Residents are referred or transferred to other health services as required.

## **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 facility meets the needs of residents and was clean and well maintained. There was a current building warrant in place. Electrical and equipment requiring calibration has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. Resident rooms are personalised, and communal facilities are appropriate.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, family, and contractors understood emergency and security arrangements. Sensor mats are in place connected to an intercom system. Security is maintained.

## **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.

The implemented infection prevention control and antimicrobial stewardship programme is appropriate to the size and complexity of the service. The clinical nurse manager leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Antimicrobial usage is monitored.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service. Cleaning and laundry processes are monitored for effectiveness.

## **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 service has a restraint minimisation policy, and the philosophy of the service is to always minimise the use of restraint throughout all parts of their service delivery. Trinity Trust board members are aware of the policy around restraint. There were no residents using restraints at the time of audit and there had been no restraint used for more than a year. Written procedures are available for assessment, approval, monitoring and review should any restraint be used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	0	1	0	0
Criteria	0	161	0	0	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)
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>	<p>FA</p>	<p>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged, evidenced during interviews with five residents (two rest home, three hospital), and seven family members (five hospital, two dementia).</p> <p>During the audit there were residents who identified as Māori living at the facility. The care plans of a sample of Māori residents, reflected their cultural preferences, including communication in te reo and attendance at local community cultural groups. Sampling evidenced whānau and the residents had input into these documents. Documentation reflected their individual values and beliefs.</p> <p>Linkages are in place with the local iwi – Ngāti Ruahine and the service embeds tikanga Māori in the everyday culture of the facility. Communal doors evidenced te reo signage and kitchen services</p>

		<p>provide boil ups and specific food preferences.</p> <p>The general manager confirmed that the service supports a Māori workforce with staff members identifying as Māori at the time of the audit. A staff are encouraged to speak Te Reo Māori at different levels and were seen to use everyday greetings and common phrases in this as part of everyday staff/resident/visitor interaction. Cultural needs are respected with the example given of Māori staff being released to attend tangi (funerals) as needed. Currently 11% of the workforce identify as Māori.</p> <p>The general manager (non-practising RN), clinical nurse manager (RN), and twelve staff interviewed (one registered nurse, one student on a competency assessment programme, five caregivers, head cook, two cleaners, laundry assistant and one diversional therapist) were able to describe how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has access to Ola Manuia Health and wellbeing action plan and, if required, would implement this in conjunction with the Pacific People's culture and general ethnicity awareness Policy. The policy documented encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard. The service plans to partner with Pasifika communities to assist with the development and implementation of the Pacific health plan.</p> <p>There were no residents identifying as Pasifika on the day of the audit. On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented. The service captures ethnicity data electronically. The registered nurses interviewed encouraging the resident's whānau 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>When new staff are recruited, the nurse manager encourages and supports any staff that identify as Pasifika through the employment process and provides equitable employment opportunities for the</p>

		<p>Pasifika community. On the days of audit 6.4% of employees identify as Pasifika. The clinical nurse manager has undertaken specific education on care of Pasifika peoples.</p> <p>Interviews with staff, residents, relatives, 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. Additional copies of the code are available in Samoan, Japanese, Tagalog, Hindu, Dutch and Filipino. Details relating to the Code are included in the information that is provided to new residents and their relatives. The clinical nurse manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the six-monthly resident/family meetings. All families interviewed reported that the residents' rights are being upheld by the service. They confirmed that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy 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. Code of Rights education last took place in August 2022. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake through its Māori health plan and staff could describe how they fully support the values and beliefs of any Māori residents and whānau utilising the service.</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 caregivers interviewed described how they support residents to choose what they want to do. Families and care 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 services annual training plan reflects training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service conducts resident and whānau satisfaction surveys annually (sighted), and the results of these confirmed that residents and families are treated with respect. This was also confirmed during interviews with families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>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 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, complete annual cultural competencies and attend culturally inclusive care and culturally safe support practises in Aotearoa 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</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 Trinity Home and Hospital are expected to uphold. Trinity Home and Hospital policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A</p>

<p>abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>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 liaises with families who manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>There are objectives included in the Trinity Home and Hospital Māori health plan and cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Annual resident surveys and meetings identify feedback from residents and consequent follow up by the service. The service also keeps residents up to date through regular email updates (sighted)</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. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified relatives are kept informed, this was confirmed</p>

		<p>through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. 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 specialist services from the local hospital (e.g. physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The clinical nurse manager described ways the service provides 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 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</p>	<p>FA</p>	<p>There are policies around informed consent. Nine resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations were also on file where appropriate. 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</p>

<p>to exercise independence, choice, and control.</p>		<p>(EPOAs) or welfare guardianship were resident sighted in files where available. The dementia files reviewed had activated EPOAs.</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 clinical nurse manager maintains a record of all complaints, both verbal and written, by using a complaint register. This is shared with the general manager and Board via a monthly report. 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>There have been three complaints received from external agencies since the previous audit. One complaint in 2021 was from Health and Disability Advocacy Services and is resolved. Two complaints in 2021 were received from Health and Disability Commission. The service has submitted all requested documentation within required timeframes and is awaiting an outcome. The Ministry requested follow up against aspects of a complaint that included communication, resident rights, complaints, wellbeing pathway and medication. There were no identified issues in respect of this complaint.</p> <p>All complaints are logged in the complaint register. Since the last audit, the complaint register includes two in 2020 and five in 2021 and none in 2022 (year-to-date). Complaints logged include an investigation, follow up, and replies to the complainant. All complaints had been fully resolved to the satisfaction of the complainant. On interview a resident who had lodged a complaint was complimentary about the prompt investigation and outcome.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the 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 the clinical nurse manager has an open-door policy. Residents/relatives making a complaint can involve</p>

		an independent support person in the process if they choose to do so.
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Trinity Home and Hospital is located in Hawera and is owned by Trinity Trust which was established in 1999. The service provides care for up to 78 residents at rest home, dementia, and hospital level care. Forty-five beds are certified as dual-purpose beds. There are nine dedicated rest home rooms and 24 dementia beds. All rooms are single occupancy.</p> <p>On the morning of the audit there were 69 residents; 26 rest home residents, 20 hospital residents included one funded through the long-term support – chronic health conditions (LTS-CHC) contract and 23 dementia residents. Residents not under a contract were under the age-related residential care (ARRC) contract. The service is currently declining hospital level care residents as a result of an RN shortage.</p> <p>There is a Board of six directors which includes Māori representation (a member of Ngāti Ruanui) and a board of five trustees. The general manager interviewed (has over 16 years' experience with Trinity) confirmed there is a roles and responsibility framework for the directors which is documented. Each member of the Board has their own expertise and includes business owners, farmers, an accountant, and a health professional. The Board a monthly report from the general manager which includes information compiled by the clinical nurse manager. There are also five trustees which include members with a background in teaching, health care, farming, church services and consultancy.</p> <p>Trinity Trust has an overarching strategic plan in place with clear business goals to support the ongoing operational and financial stability of Trinity Home and Hospital. The strategic and business plans, which are reviewed annually by the board, outline the purpose, values, scope, direction, and goals of the organisation. The documents describe annual and longer-term objectives and the associated operational plans. This includes the plan to expand current services including the development of a retirement village located behind the current facility. The model of care incorporates Māori</p>



		<p>concepts of wellbeing – Te Whare Tapa Whā and te ao Māori.</p> <p>The chairman of the board interviewed explained the strategic plan. The board is currently finalising the strategic plan in collaboration with Hapu that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is Māori representation on the Board that provides advice to further explore and implement solutions on ways to achieve equity and improve outcomes for Māori and tāngata whaikaha. The Board members are planning to complete cultural and Te Tiriti training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The Māori representative is assisting to identify suitable training resources to ensure education is meaningful and relevant and which enables the board to move forward in a positive direction. Overarching aim is to provide the best possible care for the residents who choose to live at Trinity.</p> <p>The quality programme includes a quality programme policy and quality goals (including site specific business goals) that are reviewed monthly in staff/quality meetings, and weekly reviews between the general manager and Chairman of the board.</p> <p>The clinical nurse manager (registered nurse) has been in the role for three and a half years and has focus on providing. She has experience in other local aged care facilities.</p> <p>The general manager and the clinical nurse manager have completed more than eight hours of training related to managing an aged care facility. The general manager attended the 2022 NZACA annual conference and the CNM completed external infection control training and attended courses at Te Whatu Ora - Health New Zealand Taranaki.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and</p>	<p>FA</p>	<p>Trinity Home and Hospital has an established quality and risk management programme. The quality programme was further enhanced by a move to quality and resident management electronic system in June 2022. The quality and risk management systems include performance monitoring through internal audits and through</p>

<p>outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (e.g., falls, skin tears, infections, episodes of challenging behaviours) is collected with evidence of data shared in the monthly staff/quality/health and safety and RN meetings. The service has a current focus on reducing pressure injuries and maintaining a restraint free environment.</p> <p>Staff meetings provide an avenue for discussions in relation to, (but not limited to): quality data, health and safety, infection control/pandemic strategies, complaints and compliments received, staffing, and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. Resident/family satisfaction surveys are completed annually, the surveys completed in December 2021 reflect high levels of resident/family satisfaction in most areas measured (resident rights, safety and security, laundry services, cleanliness, activities, care, communication and consultation, and meal delivery). This was also confirmed during interviews with families. Areas of concern related to visitor restrictions during covid lockdowns. Concerns regarding this have been addressed with regular email communication.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori. A document control system is in place. Policies are provided by an external consultant, regularly reviewed, and reflect updates to the 2021 Ngā Paerewa standards.</p> <p>A health and safety system is being implemented with the general manager acting in the role of health and safety representative. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. Health and safety involve all staff and is included in the monthly staff/quality meetings.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted to visit one</p>
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		<p>day a week for eight hours. Strategies implemented to reduce the frequency of falls include intentional-rounding, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The registered nurses will evaluate interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend exercise-based activities. Twelve accident/incident forms reviewed for September 2022 (unwitnessed falls, wandering, challenging behaviour, skin tears and bruising) indicated that the forms are completed in full and are signed off by an RN and the clinical nurse manager. Incident and accident data is collated monthly and analysed by the clinical nurse manager. Results are discussed in the staff/ quality, health and safety, and RN meetings. There is a documented process to ensure neurological observations are consistently recorded for unwitnessed falls or falls with head trauma, as evidenced in the four unwitnessed falls reviewed.</p> <p>HealthCERT notifications via a section 31 report since the previous audit include twenty plus weekly reports related to RN shortages, five absconding and one stage 4 pressure injury. There have been three Covid outbreaks documented since the last audit (April, July, and August), affecting significant numbers of residents and staff. 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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements. The registered nurses and over 30 caregivers hold a mixture of both basic and intermediate first aid certificates. At the time this audit was undertaken, there was a significant national health workforce shortage. The roster does not currently provide sufficient and appropriate coverage for the effective delivery of care and support to meet contractual requirements. At the time of the audit there were two RN vacancies. Senior caregivers are currently replacing RNs when required. Due to RN staffing shortages, Te Whatu Ora -Health New Zealand Taranaki has worked collaboratively with Trinity Home and Hospital. The service stopped admitting hospital level care residents in March 2022. Regular 'teams' meetings with Te Whatu Ora-Health New Zealand Taranaki provide a forum for discussion and mitigation</p>

<p>services.</p>	<p>of risk regarding the RN shortage and the service continues to complete weekly section 31 reports. There is an average of ten to eleven RN shifts per week which are currently covered by senior caregivers. Senior level four caregivers have received additional training and support to promote safe care. The clinical nurse manager is on call 24/7 for advice and support. Trinity Home and Hospital is actively recruiting registered nurses with limited success.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents when all staff are able to work as per the roster. Challenges arise when staff call in as unavailable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The nurse manager (RN) and general manager are available Monday to Friday.</p> <p>The roster is developed as follows:</p> <p>Hospital wings: Total of 27 beds with 16 hospital and 6 rest home residents.</p> <p>AM: 1x RN and 4 x caregivers from 07:00 to 15:00. PM: 1x RN or level 4 CG 15:00 to 23:00 and 2x CG 15:00 to 23:00 and 2x CG 15:00 to 22:00. Night shift 23:00 to 07:00 is covered by one Level 4 CG and 2 x CG</p> <p>Rest Home wings: Total of 27 beds with 4 hospital and 20 rest home residents. AM: 3x caregiver 07:00 to 15:00. PM 2x CG 15:00 to 23:00 and 1x CG 15:00 to 22:00. Night shift 23:00 to 07:00 is covered by 1x CG</p> <p>Dementia wing: Total of 24 beds with 23 dementia residents. AM 3x caregiver 07:00 to 15:00. PM 2x CG 15:00 to 23:00 and 1x CG 15:00 to 20:00. Night shift 23:00 to 07:00 is covered by 2x CG</p> <p>A diversional therapist or activities coordinator is rostered Monday to Friday in each area. Activities staff work from 8:30 to 17:00 in the</p>
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		<p>hospital, from 09:00 to 15:00 in the rest home and from 8:00 to 16:30 in the dementia unit. The activities team rotate through each area. The caregivers undertake activities in the dementia unit in the weekends.</p> <p>There are dedicated laundry and housekeeping staff seven day a week.</p> <p>There is always one RN on the morning shift and usually an RN on 4 afternoons per week with no RN cover on night shifts</p> <p>There is an annual education and training schedule being implemented. The training schedule has been disrupted due to covid outbreaks and lockdowns and not all required education has been made available to staff, a catch-up plan is in place, and the service has implemented an online training service. The education and training schedule lists compulsory training, which includes cultural awareness training. All staff have recently completed cultural competencies ensuring the service is providing culturally inclusive care. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes, disparities, and health equity. The service has requested additional cultural training from the cultural advisor at Te Whatu Ora- Health New Zealand Taranaki. Advised by the clinical nurse manager that the service is planning to commence regular Te Reo Māori classes for staff.</p> <p>External training opportunities for care staff include training through Te Whatu Ora -Health New Zealand Taranaki, hospice, and advocacy services.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Sixty caregivers are employed. The Trinity Home and Hospital orientation programme ensure core competencies and compulsory knowledge/topics are addressed. Four caregivers have achieved a level 4 NZQA qualification, and a further nine staff are enrolled, 19 caregivers have achieved level 3, and eight caregivers have achieved level 2. Forty-</p>
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		<p>three caregivers and two diversional therapists have completed dementia qualifications. All 20 staff who regularly work in the dementia unit have dementia qualifications. There are six staff currently enrolled in dementia standards training.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, code of rights, hand hygiene, correct use of personal protective equipment, medication administration (if medication competent), hoist use and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional RN specific competencies include syringe driver, catheterisation, and interRAI assessment competency. Four (including the clinical nurse manager) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All RN's and shift leaders have access to Ko Awatea (a hospital- based learning platform for Taranaki). Registered nurses attend a one-day course for aged care nurses at Taranaki hospital each year. Registered nurses attend relevant staff/quality and clinical meetings when possible.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, handwashing, hoist training, cultural safety, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment training. Staff wellness is encouraged through participation in health and wellbeing activities. Details of the Employee Assistance Programme (EAP) are available to staff for support both with work and home life issues.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in an administration office. Nine staff files reviewed (one CNM, two RNs, one diversional therapist, three caregiver and one head cook, one kitchen hand) evidenced implementation of the recruitment process, employment contracts,</p>

<p>health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are no longer used at Trinity however an orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. Currently 11% of the workforce identify as Māori and 6.4% identify as Pasifika.</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>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format. Electronic information is regularly backed up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name</p>

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p>
<p>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>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the family/whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring hospital, rest home, and dementia level of care were in place. Residents assessed as requiring dementia level of care were admitted with consent from EPOAs and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Family/whānau were updated where there was a delay to entry to service, this was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The clinical nurse manager (CNM) reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p>



		<p>There were residents and staff members who identified as Māori at the time of the audit. The service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service has linkages with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>A total of nine residents' files sampled identified that initial assessments and interim care plans were resident centred, and these were completed on admission. The following files were reviewed; three hospital including one under long-term term support chronic health conditions (LTS-CHC), three dementia, and three rest home. The service uses assessment tools that included consideration of residents' lived experiences, cultural needs, values, and beliefs. Residents' care is undertaken by appropriately trained and skilled staff that include the nursing team and care staff. Cultural assessments were completed by the nursing team who have completed appropriate cultural training. Person centred care plans (PCCPs) were also developed with detailed interventions to address identified problems. These were completed within the required timeframes as per the contract. Initial interRAI assessments were completed within 21 days and ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau/EPOA, and GP/NP involvement are encouraged.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. The PCCPs sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. Evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Documented detailed strategies to maintain and promote the residents' independent well-being were sighted. Twenty-four-hour behaviour management plans for residents in the secure unit were completed and regularly reviewed to reflect</p>

		<p>residents' changing needs.</p> <p>All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. The general practitioner (GP) or nurse practitioner (NP) visit the service twice a week and are available on call when required. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the GP/NP. Residents' medical admission and reviews were completed. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The clinical nurse manager reported that sufficient and appropriate information is shared between the staff at each handover. Caregivers interviewed reported they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the GP, NP, clinical nurse manager, general manager, nursing team, care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and family/whānau.</p> <p>There were 28 active wounds including one pressure injury (stage four) at the time of the audit. Wound care assessments, management plans, and evaluations were documented by the nursing team in the electronic record management system.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the nursing team as evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all</p>
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		<p>changes. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whanau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whanau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by two diversional therapists (DTs) and an activities coordinator covering all the wings. The programme runs from Monday to Sunday. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile detailing their life history is completed for each resident within two weeks of admission in consultation with the family and residents.</p> <p>The activity programme is formulated by the activities staff in consultation with the nursing team, general manager, clinical nurse manager, diversional therapist, activities coordinator, EPOAs, residents, and caregivers. The activities are varied and appropriate for people assessed as requiring rest-home, hospital, and dementia level of care. Twenty-four-hour activity care plans were in place for residents admitted in the secure dementia unit. The resident's activity needs are evaluated when there are changes in resident's ability and as part of the formal six monthly interRAI assessments and care plan review.</p> <p>There is a weekly planner that is provided to each resident and a monthly planner that is posted on notice boards around the service. Monthly themes and special celebrations are included in the activities</p>

		<p>plan. Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings.</p> <p>The activity planners were similar across the levels of care. Some of the activities on the planners included exercises, newspaper reading, bingo, music, jigsaws, card games, riddles, bowls, aromatherapy, happy hour, church services, quiet time, and baking. The planned activities and community connections are suitable for the residents. The service promotes access to family and friends. Residents' activities and care plans were evaluated every six months or when there was any significant change. Van trips are conducted twice a week except under Covid-19 national restrictions.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals.</p> <p>Family members and residents reported overall satisfaction with the level and 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>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP/NP complete three-monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications, including, over-the-counter medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against</p>

		<p>the prescription, and these were updated in the electronic medication management system.</p> <p>A total of 18 medicine charts were reviewed on the electronic medication management system and these included six rest home, six dementia and six hospital respectively.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly in the hospital wing. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards in the hospital and secure dementia unit.</p> <p>There was one rest home level of care resident self-administering an inhaler. The resident was assessed as competent, and the inhaler was kept securely in the resident's room. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications.</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>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The food is prepared onsite by two cooks assisted by kitchen hands. There is an approved food control plan from the local council for the service which expires on 20 June 2023. Meal services are served in the respective dining areas in the hospital and secure</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>dementia unit. Meals are delivered to the dining rooms in a food trolley and covered with insulated covers. Meals can be delivered to residents' rooms where requested. The menu was reviewed by a registered dietitian on 30 June 2022. The kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the cook confirmed awareness of the dietary needs of the residents. The residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained.</p> <p>The family/whānau interviewed indicated satisfaction with the food service.</p> <p>All decanted food had records of use by dates recorded on the containers and no expired items were sighted. The cook reported that residents are offered varied menu options, and these are culturally specific to te ao Māori where required. Residents participated in making fried bread and boil-ups as part of the activity 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</p>	<p>FA</p>	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CNM reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are</p>

<p>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>		<p>identified and managed as required.</p> <p>A discharge or transition plan will be developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent GP/NP, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness in place. The general manager reported that all maintenance issues are contracted. Essential contractors are available 24 hours a day. Reactive and preventative maintenance systems are in place, with maintenance requests being placed in a maintenance request register that gets signed off after completion of the required repair. All electrical equipment has been tested and tagged and clinical equipment has had functional checks/calibration undertaken annually (last checked in December 2021). Hot water temperatures have been tested and recorded in every resident room, laundry, and kitchen monthly. All hot water temperatures were within safe recommended ranges of below 45 degrees Celsius in residents' rooms and 60 degrees Celsius in the laundry and kitchen areas.</p> <p>The communal areas at the service include two big lounges in the hospital wing, and a dining area next to the kitchen, one big lounge in the secure dementia unit. The communal areas are easily and safely accessible for residents. The facility has sufficient space for residents to mobilise using mobility aids and residents were observed moving around freely. There are quiet, low stimulus areas that provide privacy</p>

		<p>when required. The corridors are wide with handrails. The external areas are well maintained and there is safe access to the outdoor areas. There is outdoor seating and shade. The secure dementia unit has a large, enclosed walking and garden area where residents can mobilise freely.</p> <p>Care staff interviewed stated they had adequate equipment for the safe delivery of care including, weighing scales, pressure prevention mattresses, electric beds with high-pressure rating mattresses, and lazy boy chairs on wheels.</p> <p>All rooms are single occupancy. There are four ensuites and two partial ensuites and these were occupied at the time of the audit. Residents' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids for residents. Residents are encouraged to personalise their bedrooms as observed during the audit. All bedrooms have a hand basin and free-flowing soap and paper towels in the toilet areas. All bedrooms and communal areas have ample natural light and ventilation. There is thermostatically controlled heating throughout the facility and temperatures can be monitored. Staff and residents interviewed, stated heating and ventilation within the facility are effective. There are no residents or staff that smoke on the premises.</p> <p>There are sufficient communal toilets and showers to cater for all residents. There are 18 residents' bathrooms/toilets, five staff toilets and one visitor's toilet in the hospital wing, while the secure dementia wing has seven toilets, five showers and two staff toilets. Communal toilet facilities have a system that indicates if it is engaged or vacant. Residents interviewed confirmed their privacy is assured when staff are undertaking personal care. Visitor and staff toilets are available and all, including communal facilities, contained flowing soap and paper towels. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning, with all toilets, showers, and utility areas having non-slip vinyl flooring.</p> <p>The service is actively working towards having cultural consultants regarding the planned building extension to ensure it reflects the</p>
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		aspirations and identity of Māori.
<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>	FA	<p>Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A trial evacuation drill was performed last on 28 July 2022. The drills are conducted every six months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the car park is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. Adequate supplies in the event of a civil defence emergency including food, water, candles, torches, continence products, and a gas BBQ meet The National Emergency Management Agency recommendations for the region. There is a generator on-site and this is serviced regularly. Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>The service has a call bell system in place that is used by the residents, whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance personnel. Residents and whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at a predetermined time; staff ensure the facility is well secured each evening. Whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers, wear masks within the facility and complete a Covid-19</p>

		screening questionnaire, rapid antigen testing (RAT), and temperature monitoring. Contact information is collected for tracing should this be required.
<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>	FA	<p>The infection prevention and control programme and antimicrobial stewardship (AMS) programme is linked to the quality improvement programme that is reviewed and reported on annually. The clinical nurse manager reported that they have full support from the general manager and the board with regard to infection prevention matters. This includes time, resources, and training. Monthly meetings include discussions regarding any residents of concerns, including any infections.</p> <p>Significant infection control events are managed according to the outbreak management incident/accident process and filter through into the risk management and quality surveillance process. Te Whatu Ora -Health New Zealand Taranaki infection nurse specialist services and the facility's GP are available should advice be needed on infection control or AMS concerns. Additional support and information are accessed from the community laboratory and public health unit, as required.</p> <p>The infection control policies are provided by an external advisory company and reflected the requirements of the standard and are based on current accepted good practice; policies include AMS requirements. Cultural advice is accessed where appropriate. Staff were familiar with policies and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</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</p>	FA	<p>The clinical nurse manager is the infection prevention coordinator. The clinical nurse manager is responsible for overseeing and implementing the infection control programme with reporting lines to the general manager and the Board of Trustees. The infection prevention coordinator role, responsibilities and reporting requirements are defined in their job description. The clinical nurse manager has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The infection</p>

<p>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>control programme was last reviewed in June 2022.</p> <p>The clinical nurse manager has appropriate skills, knowledge, and qualifications for the role. The nurse manager has attended education through Te Whatu Ora- Te Pae Hauora o Ruahine o Taranua on infection prevention and control principles in practise and has attended zoom sessions on Covid -19 pandemic. The infection prevention coordinator is enrolled in an antimicrobial webinar scheduled for next month as verified in training records. Staff have received education around infection control at orientation and through ongoing annual education sessions. Infection control education is provided by the infection prevention coordinator. Content of the training is documented and evaluated to ensure it is relevant, current, and understood. Additional staff education has been provided in response to Covid-19 pandemic. Education with residents was on an individual basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather. This was confirmed in the short-term care plans sampled.</p> <p>The infection prevention coordinator has input into other related clinical policies that impact on healthcare associated infection (HAI) risk and liaises with the general manager on personal protective equipment (PPE) requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora -Health New Zealand Taranaki.</p> <p>Medical reusable devices and shared equipment is appropriately decontaminated and reprocessed appropriately based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a disinfection and sterilisation policy to guide staff. Flip charts on outbreak management and infection prevention are available in each area. Annual infection control audits are completed, and where required, corrective actions were implemented. The general manager confirmed there will be input from the clinical and infection control coordinator when planning the new extension.</p>
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<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 implemented Antimicrobial Stewardship (AMS) programme is appropriate for the size, scope and complexity of the service and has been approved by the governance body. The Antimicrobial Stewardship policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm (including drug resistance and toxicity). Responsible use of antimicrobials is promoted. Data evidenced that the use of antibiotics is related to identified organisms.</p> <p>The effectiveness of the AMS programme is evaluated by monitoring the quantity of antimicrobial prescribing, administration, and occurrence of adverse effects. Monthly statistics were collated and recorded on monthly analysis of antibiotics used.</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> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory including Covid-19 and any identified multidrug-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The surveillance data does not yet include ethnicity data.</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Regular infection prevention audits were completed including, cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audits outcomes at monthly meetings and through compiled reports. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous month, reason for increase or decrease and action advised.</p> <p>Residents were advised of any infections identified, as were family/whānau where required. This was confirmed in short-term care plans sampled and verified in interviews with residents and family/whānau.</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 documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. There is sufficient personal protective equipment (PPE) available which includes masks, gloves, and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>Designated cleaners are on-site seven days a week. Cleaning guidelines are provided. There is suitable, safe storage for cleaning equipment and supplies. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p> <p>All laundry both residents' personal and bed linen, is serviced on-site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. The laundry staff have received training and</p>

		documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident surveys and residents' interviews confirmed satisfaction with cleaning and laundry processes.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The service is committed to maintaining a restraint free environment. There were no restraint interventions in place at the time of audit. There has been no restraint used in over a year. Consent forms, assessment documents and monitoring records are available if restraint is required. Whānau/EPOA would always be involved in decision making.</p> <p>The restraint policy and associated procedures meet the requirements of the standards. The clinical nurse manager is the designated restraint coordinator and provides support and oversight for the prevention of and if necessary, management of restraint. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Those interviewed confirmed their understanding and knowledge about use of restraint and that this is as a last resort when all alternatives have been explored.</p> <p>Alternatives to restraint, behaviours that challenge and residents who are a high falls risk are discussed at the monthly health and safety meetings. Any use of restraint and how it is being monitored and analysed would be reported at to the Board and facility meetings.</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>	<p>PA</p> <p>Moderate</p>	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. As per the ARRC contract with Te Whatu Ora -Health New Zealand Taranaki, a hospital and rest home level aged care facility is required to employ, contract, or otherwise engage sufficient RNs to ensure at least one RN is on duty at all times.</p> <p>Due to RN resignations, there is currently only three permanent RN's and the clinical nurse manager employed at Trinity Home and Hospital. Despite this, all assessments and care plans have been updated as required. The RN's who works predominantly morning shifts attend to all wounds, weekly medication checks and documentation.</p> <p>The service has been actively recruiting for RN staff since September last year. HealthCERT and Te Whatu Ora -Health New Zealand Taranaki have</p>	<p>The service does not have sufficient employed or contracted registered nurses as per the ARC contract D17.3e. There has been a significant registered nurse shortage since beginning of March 2022.</p>	<p>Ensure sufficient registered nurses are rostered to meet safe staffing requirements.</p> <p>180 days</p>

		been informed of this situation.		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.