# Trinity Home and Hospital Limited - Trinity Home & Hospital

## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Trinity Home and Hospital Limited

**Premises audited:** Trinity Home & Hospital

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

**Dates of audit:** Start date: 2 May 2024 End date: 3 May 2024

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 75

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some subsections applicable to this service partially attained and of low risk |
|  | 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 provides hospital (medical and geriatric), rest home, and dementia levels of care for up to 78 residents. At the time of the audit there were 75 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand Te Whatu Ora - Taranaki. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

The general manager is supported by a clinical nurse manager, and a team of experienced staff.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The areas for improvement identified at the previous audit relating to the registered nurse roster has been satisfied.

This surveillance audit identified areas for improvement related to satisfaction surveys and care planning.

## Ō tātou motika │ Our rights

|  |  |  |
| --- | --- | --- |
| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm,  and upholds cultural and individual values and beliefs. |  | Subsections applicable to this service fully attained. |

There is a Māori health plan in place. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Staff demonstrated an understanding of resident’s rights and obligations and ensures residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident’s property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers’ Rights, and complainants are kept fully informed.

## Hunga mahi me te hanganga │ Workforce and structure

|  |  |  |
| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Some subsections applicable to this service partially attained and of low risk. |

Trinity Home and Hospital business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and their staff. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

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.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

|  |  |  |
| --- | --- | --- |
| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. |  | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |

The clinical management team and registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner, nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner or nurse practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks were available 24/7.

All residents’ transfers and referrals are coordinated with residents and families/whānau.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

|  |  |  |
| --- | --- | --- |
| Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. |  | Subsections applicable to this service fully attained. |

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

There have been no changes to the facility since the last audit.

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

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

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

Surveillance data is collated using standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There has been one outbreak recorded and reported on since the last audit.

## Here taratahi │ Restraint and seclusion

|  |  |  |
| --- | --- | --- |
| Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained. |  | Subsections applicable to this service fully attained. |

The restraint coordinator is the clinical nurse manager. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Subsection** | 0 | 16 | 0 | 1 | 1 | 0 | 0 |
| **Criteria** | 0 | 47 | 0 | 1 | 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.

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | A Māori health plan is documented for the organisation, which Trinity Home and Hospital utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service has a working relationship with Ngāti Ruahine with access to kaumātua for support to enact Te Tiriti o Waitangi in service delivery. At the time of the audit the service had residents who identified as Māori. There were Māori staff who confirmed that mana motuhake is recognised.  Individual care plans for residents who identify as Māori reflect their individual needs. Activities for residents, including Matariki celebrations, have been held and the staff are encouraged to learn te reo Māori. Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | Trinity Home and Hospital has access to the 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.  At the time of the audit the service had no residents who identify as Pasifika. Staff interviewed stated that family/whānau are encouraged to be involved in all aspects of care, are encouraged to give feedback to the service and there is a commitment to recognising cultural needs. Pacific staff interviewed also stated that cultural safety and support was at the forefront of care provided. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | The Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in English and te reo Māori. The general manager and clinical nurse manager (interviewed) demonstrated how the Code is provided in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse. | FA | Trinity Home and Hospital’s policies describe how to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged. There are established policies, and protocols to respect resident’s property, including an established process to manage and protect resident finances.  All staff at Trinity Home and Hospital are trained in, and aware of professional boundaries as evidenced in orientation documents and ongoing education records. Staff (three caregivers, one registered nurse, one clinical coordinator, cook/kitchen hand), and management (general manager, clinical nurse manager) interviewed demonstrated an understanding of professional boundaries. Interviews with residents and family/whanau confirmed that staff acted in a way that maintained professional boundaries. |
| Subsection 1.7: I am informed and able to make choices  The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | There are policies around informed choice and consent. Six resident files reviewed included informed consent forms signed by either the resident or Enduring Power of Attorney or Welfare Guardian. Staff and management have a good understanding of the organisational processes described in policy. This includes processes for Māori, who may wish to involve whānau in collective decision making. Interviews with four family/whānau (two hospital, one rest home, and one dementia level), and four residents (two hospital and two rest home) confirmed their choices regarding decisions and their wellbeing is respected. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. | FA | The complaints procedure is provided to residents and family/whānau during the resident’s entry to the service. Complaint forms are located at the entrance and in visible places throughout the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to the Nationwide Advocacy Service. The Code and complaints process is visible, and available in te reo Māori, and English.  A complaints register is maintained which includes all complaints, dates and actions taken. There have been three internal complaints logged since the last audit and these were appropriately investigated and closed off when completed. There has been one complaint received from an external agency. The complaint from the Health and Disability Commission (HDC) dated 2021 was received prior to the last audit but the closure letter was received 22 November 2023 from HDC. The Ministry requested follow up against aspects of the complaint that included communication, service management and pathways to wellbeing. Trinity Home and Hospital has implemented system based corrective actions to a standard that prevents similar incidents occurring in the future, and the service continues to assess compliance through the internal auditing process in relation to communication and service management. There were identified issues related to pathways to wellbeing (link 3.2.3).  Interviews with the general manager and clinical nurse manager and documentation reviewed demonstrated that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.  There is information and resources for Māori available that can be accessed by staff which assists Māori residents and family/whānau in the complaints process. Contact details for interpreters are available. The general manager and clinical nurse manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | FA | 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.  There were 75 residents on the day of the audit: 30 rest home including one on younger person with a disability (YPD) contract, 24 dementia and 21 hospital residents including two on younger person with a disability (YPD) contract and one on a palliative care contract. Remaining residents were all under the age-related residential care (ARRC) contract.  There is a board with six directors including Māori representation (a member of Ngāti Ruanui) and a board of six trustees. The general manager interviewed confirmed there is a role and responsibility framework for the directors documented. Each member of the board has their own expertise, and their backgrounds include business owners, farmers, an accountant, and a health professional. The general manager provides a monthly report to the board which includes information compiled by the clinical nurse manager, staff and resident incidents and infections, restraint, benchmarking, complaints, human resource matters and occupancy. Clinical governance is led by the clinical nurse manager, clinical lead, and health professional on the Board.  Trinity Home and Hospital has an overarching strategic plan in place with clear goals to support the ongoing operational and financial stability of the organisation. 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. The plans reflect links with Māori, align with the Ministry of Health strategies and they address barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing possible inequities. Goals are regularly reviewed with evidence of being signed off when met.  The 2023-2024 business goals are being implemented and include achieving 95% occupancy, increasing cash flow, reduction of skin tears and falls; increase in quality of care through enhancing existing quality driven culture and risk minimisation; commencement of village development. These are reviewed monthly in staff/quality meetings, and weekly reviews between the general manager and chairman of the board.  The general manager, (a non-practicing registered nurse), has been in the role since 2008. They have extensive experience in healthcare and management. They are supported by a clinical nurse manager who has been in the role for five years with experience working in other local aged care facilities. The general manager and the clinical nurse manager have completed more than eight hours of training related to managing an aged care facility. |
| Subsection 2.2: Quality and risk  The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | PA Low | Trinity Home and Hospital is implementing the organisational quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The general manager and clinical nurse manager implement the quality programme. The programme involves all staff with every staff member expected to be active in implementing a quality approach when at work and participating in the quality programme.  The service is implementing an internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Reports are completed for each incident or accident with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (behaviour, witnessed and unwitnessed falls, skin tears, bruising, infection). Neurological observations were consistently recorded for unwitnessed falls or when a head injury was suspected. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Opportunities to minimise future risks are identified by the registered nurses, the clinical lead and clinical nurse manager. Family/whānau are notified following incidents. The clinical lead collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in handovers and displayed for staff on the notice board.  Monthly staff/quality meetings provide an avenue for discussions in relation to quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Meetings have been completed as scheduled with minutes sighted demonstrating consistent evidence that data is tabled at meetings, discussed, and used for improvements to the service.  Resident and family/whānau satisfaction surveys have been completed since the last audit. However, there is no evidence of analysis and communication back to the resident and family/whānau. The service completed a staff satisfaction survey with no evidence of collation, analysis, and feedback to staff with any quality improvements identified. Resident and family/whānau meetings have been completed as scheduled.  A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register was reviewed. Health and safety is discussed as part of the staff/quality meetings. Staff have completed regular training related to health and safety. Staff are kept informed on health and safety issues through handover and staff notice boards.  Discussions with the general manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted relating to registered nurse shortage (with last one completed 11 December 2023), one pressure injury grade three, and three health and safety risks related to residents wandering from the facility (including one from the secure dementia unit). There has been one outbreak since last audit related to Covid-19 (April 2023). Documentation reviewed provides evidence that the outbreak was well managed, and notifications completed appropriately to Public Health authorities. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | A policy is in place for determining staffing levels and skills mix for safe service delivery and it defines staffing ratios to residents. Rosters implement the staffing rationale. The general manager and the clinical nurse manager work full time from Monday to Friday. The clinical nurse manager is on call for any clinical concerns and the general manager is available 24/7. Review of three weeks of rosters provides evidence that there is a registered nurse on duty 24/7, and a cover provided by a registered nurse for short notice leave. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.3.1 has been satisfied.  Separate cleaning and laundry staff are rostered. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs, and that the management team provide good support. Residents and family/whānau members interviewed reported that there are adequate staff numbers to attend to residents.  There is an annual education and training schedule completed for 2023 and one being implemented for 2024. The training programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes culture including treaty of Waitangi, the Code, complaints, communication, end of life, informed consent, restraint, depression, dementia and delirium, and medication management. There is an individual staff member record of training held electronically.  Educational courses offered include in-services, online, competency questionnaires and external professional development through local hospice and Health New Zealand Te Whatu Ora Taranaki. All registered nurses, a selection of caregivers and activities staff have completed first aid training. There is at least one staff member on each shift with first aid training. All registered nurses and caregivers who administer medications have current medication competencies. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the 57 caregivers, 32 have NZQA qualification level three and above. There are 18 caregivers rostered across the dementia unit. 17 caregivers have achieved the required standards, with one enrolled (they have been employed in the last 18 months).  The clinical nurse manager, clinical lead and registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments, including medication, controlled drugs, manual handling, restraint, wound, syringe driver and emergencies. At the time of the audit, there were 10 registered nurses with four having completed interRAI training. |
| Subsection 2.4: Health care and support workers  The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | FA | Six staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.  The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment to Māori. Staff who have been employed for a year or more have a current performance appraisal on file. |
| Subsection 3.2: My pathway to wellbeing  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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | PA Moderate | Six resident files were reviewed; two dementia, two rest home including one young person with disability (YPD), and two hospital level care residents inclusive of one resident receiving hospital level palliative care. The registered nurses (RN) are responsible for all residents’ assessments, care planning and evaluation of care.  Initial assessments and long-term care plans were completed for residents within contractual requirement timeframes; however, the information documented requires improvement. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP’s and interRAI assessments sampled had been completed within three weeks of the residents’ admission to the facility; however, interventions and early warning signs and information gathered was insufficient. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident’s individual activity care plan.  Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments. Evaluations are documented by an RN. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.  There was evidence of resident and family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed when there is a change in health status; however, not all resident records reviewed had been updated to capture changes in resident behaviour. The service has policies and procedures in place to support all residents to access services and information.  The initial medical assessment is undertaken by the general practitioner (GP) or nurse practitioner (NP) within the required timeframe following admission. Residents have ongoing reviews by the GP or NP within required timeframes and when their health status changes. Medical documentation and records reviewed were current. When interviewed, the NP stated that the standard has improved markedly over recent months, and the clinical leadership team and RNs are providing excellent care. After hours care is provided by the contracted medical centre. A physiotherapist visits the facility for eight hours a week. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, wound care nurse specialist and medical specialists are available as required through the local Health New Zealand.  An adequate supply of wound care products is available at the facility. A review of the wound care plans evidenced that wounds are assessed in a timely manner and reviewed at appropriate intervals. Photos are taken where this is required. Where wounds require additional specialist input, a wound nurse specialist is consulted.  The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure are completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise and were completed when required. These include monthly blood pressure and weight monitoring, bowel records and repositioning charts. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of their shift. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.  Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.  Medications were appropriately stored appropriately in the facility medication room. The medication fridge and medication room temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening.  Twelve electronic medication charts were reviewed. The medication charts sampled identified that the GP or NP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, and the effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medication; however, there are appropriate policies and guidelines available to guide staff should this change. No vaccines are kept on site. Standing orders are not in use.  There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The six-week menu is reviewed by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed reported they accommodate residents’ requests.  There is a verified food control plan dated 20 June 2024. The residents and family/whānau interviewed were satisfied regarding the standard of food provided. Nutritious snacks were available 24/7. |
| Subsection 3.6: Transition, transfer, and discharge  The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. |
| Subsection 4.1: The facility  The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function. | FA | The buildings, plant, and equipment are fit for purpose at Trinity Rest Home and Hospital and comply with legislation relevant to the health and disability services being provided. The dementia unit is secure and provides a safe environment for residents to walk internally and externally. The environment is inclusive of people’s cultures and supports cultural practices.  The current building warrant of fitness expires 3 December 2024. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | There are infection prevention and antimicrobial policies and procedures that include the pandemic plan. The infection control programme is reviewed, evaluated, and reported on annually.  The pandemic plan is available for all staff. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE). |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection prevention and control.  Infection surveillance is the responsibility of the infection prevention and control coordinator. All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection prevention and control coordinator. Any trends are identified, and corrective actions implemented. The service incorporates ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at the combined staff meetings which are held monthly (sighted).  Staff have received infection prevention and control related training including outbreak management. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.  There has been one Covid-19 outbreak (April 2023) since the previous audit. The outbreak was documented, well managed, and reported to Public Health. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The dementia unit is secure as per the contractual specifications and as per the needs of residents assessed as requiring this level of care. Maintaining a restraint free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The CNM is the designated restraint coordinator and takes responsibility for the restraint elimination strategy and for monitoring any restraint use in the organisation. Systems are in place to ensure restraint use is reported through to the staff meetings and to governance level. There were no residents using restraint at time of audit.  The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. Restraint is included as part of the orientation for staff and is completed annually through the education plan which incorporates least restrictive practice, cultural interventions, and de-escalation techniques. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 2.2.2  Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care. | PA Low | Trinity Home and Hospital is implementing the organisational quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis in included as part of the business plan. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.  Resident and family/whānau satisfaction surveys were completed December 2022, with the feedback collated; however, there is no evidence of analysis and feedback to the residents, family/whānau. Satisfaction survey results for December 2023 were still being collated at the time of the audit. Staff satisfaction surveys were completed in December 2022 but with no evidence of results collation, analysis and feedback to staff sighted. There were no satisfaction surveys completed for staff in December 2023 as scheduled.  Resident and family/whānau meetings have been completed as scheduled, providing an avenue for feedback around service delivery. | (i). Satisfaction surveys have been completed for residents (December 2022); however, there is no evidence of analysis or feedback of outcomes to the residents, family/whānau.  (ii). The staff satisfaction survey completed December 2022 does not demonstrate collation or analysis of data or feedback of outcomes to staff. | (i)-(ii) Ensure staff and resident satisfaction survey results are collated, analysed with feedback on outcomes provided to staff, residents, and family/whānau as relevant.  90 days |
| Criterion 3.2.3  Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people’s lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People’s care or support plan identifies wider service integration as required. | PA Moderate | Assessments and care plans are documented by a registered nurse in partnership with the resident and their family/whānau. Cultural preferences are detailed in each of the care plans reviewed. Residents are supported to identify and achieve their own goals, and the care plans identify members of the allied teams involved in their care. However, not all of the risk assessments were completed when there was a change in a resident’s condition and not all of the care plan interventions were documented to meet the resident’s current needs. | (i). Five residents (three dementia and two hospital) did not have needs and risk assessments updated to reflect changes in resident condition.  (ii). Two residents (one hospital and one rest home) assessed as having moderate or high falls risk did not have interventions documented to manage risk.  (iii). Two residents (one hospital and one rest home) with pain did not have non-pharmaceutical interventions to manage pain and discomfort.  (iv). Three residents (one dementia, one rest home and one hospital) did not have early warning signs and risks recorded with a focus on prevention for appropriate intervention related to challenging behaviour. | (i). Ensure all appropriate needs and risk assessments are completed when there is a change in resident condition.  (ii).- (iv). Ensure all resident care plans contain sufficient information to guide staff in all aspects of care planning, goal setting and risk management.  90 days |

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

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

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

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

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End of the report.