

# 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 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](#).

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: 11 September 2025    End date: 12 September 2025  |
| <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> | 67  |

# 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 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 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 & Hospital provides rest home, dementia, and hospital (medical and geriatric) levels of care for up to 78 residents. There were 67 residents on the days of audit. This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards 2021 and the contracts with the Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a nurse practitioner.

The general manager is appropriately qualified and experienced and is supported by a clinical nurse manager, clinical nurse leader, and clinical coordinator. There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified a partial attainment related to care plan interventions.

## 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.



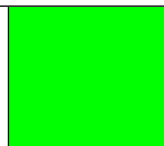
Subsections applicable to this service fully attained.

Trinity Home & Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific 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 five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

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

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| 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 low risk. |
|---|--|---|

Accurate information about the services is available in a welcome pack and online. Registered nurses assess residents on admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner/ nurse practitioner completes an assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations are completed at least six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs. There are policies and processes that describe medication management that align with accepted guidelines.

Staff responsible for medication administration have completed annual competencies and education. A comprehensive suite of policies is in place that align with current legislation. All medication charts were completed correctly and evidenced allergies and sensitivities. All medications were prescribed and administered appropriately.

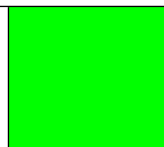
All meals and baking are prepared onsite. There is a current food control plan. The menu caters for cultural preferences and has been reviewed by a dietitian. Dietary needs, allergies, intolerances, and preferences are catered for. Residents were satisfied with the food services provided.

A dedicated team of staff lead the activities programme through the facility. There is a varied activities programme that is tailored for the residents in each area in the facility. Residents have choice of activities that are meaningful to them. Residents were satisfied with the activities on offer.

Discharge and transfer are managed safely in collaboration with residents and their family/whānau.

## **Te aro ki te tangata me te taiao haumaruru | 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.

There is a current building warrant of fitness. There is a preventative maintenance plan. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The dementia unit is secure. There is adequate space throughout the facility for residents to move around freely with mobility aids. There is one couple sharing a room otherwise all other rooms are single occupancy. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including a pandemic. There are emergency supplies for at least three days. A first aid training staff member is always on duty. Appropriate security measures are undertaken.

## 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 consumers, service providers, and visitors. The infection control programme is implemented and meets the needs of the organisation. Information and resources are provided to residents, family/whānau and staff. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place, and the service has access to personal protective equipment supplies. There has been one outbreak (Covid-19) since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes 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 (registered nurse). The facility had no residents using restraints at the time of audit. Elimination 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                           | 26                  | 0  | 1                                    | 0  | 0                                      | 0  |
| Criteria          | 0                           | 167                 | 0  | 1                                    | 0  | 0                                      | 0  |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
|-------------------|--|------------------------------|--|--------------------------------|--|
| Subsection        | 0  | 0                            | 0                                      | 0                              | 0                                      |
| Criteria          | 0  | 0                            | 0                                      | 0                              | 0                                      |

# Attainment against the Ngā paerewa Health and disability services standard

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

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>A Māori Health Plan is documented for the service. This policy acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. The service does currently have residents who identify as Māori.</p> <p>Trinity Home &amp; Hospital incorporates the Māori health strategy (He Korowai Oranga), and Te Whare Tapa Wha Māori Model of Health and wellbeing as part of staff training. Managers also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>The service has links with local iwi through the Board of Trustees, and through current staff members, with kaumatua and kuia being available to support the organisations cultural journey.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo and relevant tikanga in their work with the residents as detailed in the</p> |

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|   |           | <p>Māori health plan and tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Management, and ten staff members interviewed; three caregivers, three registered nurses (RN), one cook, one laundry, one cleaner, and one diversional therapist, described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</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>Trinity Home &amp; Hospital recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, written by an external consultant with Pasifika input, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is available in a number of different languages according to resident need.</p> <p>On the day of audit there were Pasifika residents living at Trinity Home &amp; Hospital. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan, and care plan.</p> <p>The service is actively recruiting new staff. The general manager confirmed how they encourage and support any staff that identifies as Pasifika beginning at the employment process. Staff interviews confirmed the service is a welcoming place for all cultures, and the recruitment processes support this.</p> <p>Interviews with staff members, seven rest home residents, two hospital residents, and five family/whānau (two hospital, two rest</p> |

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|  |           | <p>home, and one dementia level) identified that the service puts people using the services, family/whānau, and the Trinity Home &amp; Hospital community at the heart of their services. The service can consult with Pacific Island staff, and industry advisors who identify as Pasifika to access community links and continue to provide equitable employment opportunities for the Pasifika community.</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 is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family. The general manager or clinical nurse manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident/family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility, and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support through local churches. Church services are held weekly.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</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>FA</p> | <p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions</p>  |

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| <p>Te Tiriti: Service providers commit to Māori mana motuhake. 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>about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed most recently in in December 2024, confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Resident files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, and complete a cultural competency in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p> |
| <p>Subsection 1.5: I am protected from abuse<br/>The People: I feel safe and protected from abuse.</p>   | <p>FA</p> | <p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination</p>   |

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| <p>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.</p>  |           | <p>of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during 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. Residents expressed that they have not witnessed any abuse or neglect, and said they are treated fairly, feel safe, are protected from abuse and neglect. They stated that their property is respected. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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 and family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau/next of kin are kept informed, and this was confirmed through the interviews with family/whānau.</p>  |

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|  |           | <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English. Caregivers and the registered nurse interviewed described how they are able to assist residents that do not speak English with interpreters or resources to communicate as the need arises.</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 next of kin 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 Health New Zealand specialist services (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 and/or family/whānau provide consent and are communicated with regarding services involved. The clinical nurse manager described an implemented a process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | <p>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. Residents utilising a shared room give their informed consent, agreeing to having a shared room with other residents. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau 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</p>  |

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|  |           | <p>family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required.</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 family/whānau on entry to the service. The service maintains a record of all complaints, both verbal and written on a complaints register. There have been three complaints in 2024, and eight in 2025 year to date since the previous audit in May 2024. There have been two external complaints received in 2025 via the Health and Disability Commissioner (HDC) which are still open. The service had supplied all the required detail and is awaiting further contact from HDC. The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters, and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the combined staff and quality meetings. Complaints are a standard agenda item in all staff, clinical and senior team meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau 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. Communication is maintained with individual residents with updates at activities and mealtimes and one on one reviews. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related</p> |

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|  |    | documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.  |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | FA | <p>Trinity Home &amp; Hospital is located in Hawera, Taranaki, and is owned by Trinity Trust which was established in 1999. Trinity Home &amp; Hospital provides care for up to 78 residents at rest home, and hospital (medical and geriatric), and dementia levels of care. There are nine dedicated rest home rooms and 24 secure dementia beds. Forty-five beds are certified for dual purpose use, including two double rooms (only one doubly occupied by a couple on the days of audit). On the day of the audit there were 67 residents; 9 rest home; 17 dementia, and 41 hospital residents, including three younger people with a disability (YPD), one on a palliative contract, and one on a long-term support chronic health contract (LTS-CHC). All residents apart from the palliative, LTS-CHC, and YPD were under the aged related residential care (ARRC) agreement.</p> <p>Trinity Home &amp; Hospital has a current business plan in place with clear goals to support their documented vision, mission, and values. The values espouse compassion, quality, innovation, individuality, and respect. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Wha.</p> <p>The current business plan includes a mission statement and operational objectives with site specific goals. The management team report to the general manager, who liaises with, and acts as a conduit to the Board of Trustees.</p> <p>The general manager, and trustee interviewed confirmed the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There are community links, and Māori representation on the Board that provide advice to the trustees in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices at Trinity Home &amp; Hospital are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and</p> |

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|   |           | <p>the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.</p> <p>The Board of Trustees consists of five members, including the chair. There is also a Board of five directors, with local iwi representation, and clinical governance is provided by the facility team, GP, and a Board member with extensive clinical governance experience.</p> <p>The management team, directors, and trustees have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety.</p> <p>The quality programme includes quality goals (including site specific business goals) that are reviewed monthly in meetings.</p> <p>The service is managed by an experienced general manager (ex-registered nurse) who has been in their current role since 2008; a clinical nurse manager (registered nurse) who has worked at Trinity Home &amp; Hospital for over six and a half years; clinical nurse leader; and clinical coordinator. The general manager liaises with the Board of Directors on a monthly basis and acts as Trust secretary for quarterly Trust meetings.</p> <p>The general manager has maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training, specific to Te Whare Tapa Wha and te ao Māori.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p> | <p>FA</p> | <p>Trinity Home &amp; Hospital has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and any new</p>  |

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| <p>and support workers.</p> |  | <p>policies or changes to policy are communicated to staff.</p> <p>Regular management meetings, monthly combined quality, and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff in their staff room and nurses' stations. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The resident and family /whānau satisfaction surveys indicate that both residents and family/whānau have reported high levels of satisfaction with the service provided.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all staff and senior management meetings, with the clinical nurse manager undertaking the role of health and safety officer. Manufacturer safety data sheets are up to date. An up-to-date hazard register had been reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety officer.</p> <p>A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being support for staff includes facilitating employee assistance programmes offered by providers in the local community.</p> <p>All staff completed cultural safety training to ensure a high-quality service is provided for Māori.</p> <p>Electronic entries are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, an abrasion, and skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs</p> |
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|   |           | <p>internally. Next of kin are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the clinical nurse manager who reviews every adverse event.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around absconding residents. Severity assessment code (SAC) notifications have been submitted relating to falls resulting in injury and stage 3 or above pressure injuries. There has been one outbreak (Covid-19 August 2025) since the previous audit, which was appropriately managed, and staff debriefed.</p>   |
| <p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.<br/>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.<br/>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>There is a staffing policy that describes rostering requirements, and the service provides 24/7 registered nurse cover. The management team are available Monday to Friday. They share an on-call roster with the RN staff. Interviews with caregivers, RNs and management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings, and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 58 caregivers, 21 have achieved a level 3 NZQA qualification or higher. All who work in the secure dementia unit have attained the required dementia standards.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Four RNs (including the clinical nurse manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date</p> |

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|  |           | <p>information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities.</p>   |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>FA</p> | <p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in hard copy. Ten staff files reviewed (two RNs, five caregivers, one cook, one kitchen assistant, and one cleaner) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (e.g., restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, nurse practitioner [NP], general practitioner [GP], 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 caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers are used (particularly with activities) and an orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is</p> |

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|  |    | <p>available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</p>  |
| <p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>   | FA | <p>Resident files and the information associated with residents and staff are retained both electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are 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>The service is not responsible for National Health Index registration.</p> |
| <p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p> | FA | <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, 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.</p> <p>Residents assessed as requiring dementia level of care were admitted with consent from EPOAs and documents sighted verified that EPOAs</p>  |

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| <p>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>consented to referral and specialist services. 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 as documented in inquiry records. Residents and family/whānau interviewed confirmed they were consulted and received sufficient information regarding the services provided. The clinical nurse manager (CNM) reported that all potential residents who are declined entry are recorded. When an entry is declined family/whānau 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. Routine analysis shows entry and declines rates including specific data for Māori. 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>PA Low</p> | <p>Nine resident files were reviewed, including four hospital level (including one resident on a long-term chronic contract, one younger resident with a disability, and one resident on a palliative care contract), two rest home level and three dementia level of care residents. Registered nurses (RN) are responsible for all residents' assessments, care planning, and evaluation of care. An initial assessment is undertaken by a RN on admission, and an initial care plan is developed in a timely manner.</p> <p>An interRAI assessment is completed by the RNs within three weeks of admission and is used to inform development of the long-term care plan along with input from resident and family/whānau, caregivers, and activities staff. Long-term care plans include planned interventions that cover medical conditions, physical needs, assistance required with activities of daily living, psychosocial and cultural needs and preferences, The younger person with a disability had appropriate assessments completed and a long-term care plan in place. Care plans for residents in the dementia unit include activities over the 24-hour period and strategies to manage disorientation,</p> |

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|  |  | <p>behaviours that challenge including triggers and strategies that have worked previously. Also included is information about the resident's past life and significant people and events for staff to use for reminiscing and conversations that engage the resident meaningfully.</p> <p>Family/whānau interviewed from the rest home, hospital and dementia services confirmed they are involved in assessments, care planning, and review processes and that residents are supported to have choice and control in meeting their needs and goals. They confirm staff facilitate access to information about other health services, such as allied health and alternative health care providers. Resident files show evidence of resident and family/whānau input. Feedback is sought from residents and family/whānau as part of the quality system to reduce barriers to care.</p> <p>Residents can either retain their own general practitioner (GP) or register with the facility contracted GP or NP service. The GP or NP visit the service twice a week. Initial medical assessments occur within the required timeframes. The NP was interviewed and was happy with the communication from the RNs and unit coordinator. Allied health care professionals involved in the care of the resident include, (but are not limited to): physiotherapist who is onsite three hours per day, podiatrist, hospice community staff, wound specialist, and dietitian. There is evidence in resident files that health care professionals are involved as clinically indicated. The electronic files allow for integration of services with all staff, including caregivers, RNs and activities staff involved contributing to the residents' files.</p> <p>Contact details for family/whānau are recorded in the electronic resident documentation system. Family/whānau and EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in resident's health status, or the care plan is being reviewed.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. 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 handover at the beginning of their shift, as observed on the day of audit.</p> |
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|  |           | <p>Monthly (and more often if indicated) observations such as weight and vital signs are completed and are up to date. Neurological observations are recorded as per policy. Monitoring of care is stated in the care plans and include (but are not limited to) intentional rounding, wound monitoring, behaviour monitoring, regular repositioning, and food and fluid management, however there are instances when monitoring has not occurred as prescribed.</p> <p>A wound register is maintained showing 30 active wounds including four pressure injuries (one unstageable), two stage two and one stage one. The remaining wounds include lesions, abrasions, skin tears, and surgical wounds. Review of the wound register confirms all are being assessed and monitored, however there are instances where the wound is not redressed according to the frequency outlined in the wound plan. Wound management includes taking regular photographs and measurements of wounds, however there are instances where photographs have not been uploaded at the required intervals.</p> <p>Care plans are evaluated and reviewed at least six monthly in all service areas and include input from the RN, caregivers, residents and family/whānau, and activities staff. The care plan is reviewed to ensure the residents goals are being met and if there are new goals identified, the care plan is reviewed and updated.</p> <p>The Māori health plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles would be included within the care plan for Māori. The CNM reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. Cultural assessments are completed by staff who have completed cultural safety training.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.<br/>Te Tiriti: Service providers support Māori community initiatives and</p> | <p>FA</p> | <p>The service employs two diversional therapists. The activity programme is based on assessments and reflect the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies,</p>  |

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| <p>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>interests, and enjoyments. 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 diversional therapists in consultation with the nursing team and caregivers. Feedback is received from EPOAs and residents as part of the satisfaction survey and resident meetings. The activities are varied and appropriate for people assessed as requiring rest-home, hospital, and dementia level of care.</p> <p>Activities are provided seven days per week. In the dementia unit, caregivers assist in provision of activities throughout the day and evening. Activity plans for residents in the dementia unit are tailored to meet the needs of the residents and include strategies for distraction and de-escalation. Twenty-four-hour activity care plans were in place for residents admitted into the secure dementia unit. Activities are offered at times when residents are most physically active and/or restless. During the audit, the residents were seen to be enjoying 'sing-alongs.'</p> <p>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 monthly planner observed to be posted on notice boards around the service. Monthly themes and special celebrations are included in the activities 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. The activities programme included the cameo club, cooking, newspaper reading, bingo, church services, mini golf, and 1:1 activity such as jigsaw puzzles and hand massage. Van outings occur twice a week. Entertainers visit weekly and residents from the dementia unit are escorted to participate in the activity. Residents were observed participating in the variety of activities on the audit days.</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 such as</p> |
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|   |           | <p>Matariki, Easter and ANZAC day.</p> <p>Family/whānau 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> | <p>FA</p> | <p>Medication management is safe and meets legislative requirements. Medications are administered by RNs and medication competent caregivers; all of whom are required to pass an annual medication competency. Staff have completed annual training in medication management. A medication round was observed in each area and seen to be safe. Medicines are supplied by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in locked medication rooms and medication trolleys are also locked. There is a medication room in the dementia unit and the hospital/ rest home.</p> <p>There is a medication refrigerator in the hospital/ rest home and temperatures are recorded daily. All stocked medications are checked weekly and expired medications are returned to the pharmacy for disposal. Medication room temperatures were recorded and within acceptable range. Medications with a short shelf life are dated when opened and discarded as per the manufacturer's instructions. Over-the-counter medications and supplements residents wish to take are prescribed on the medication chart by the GP or the NP. Medications are reviewed three-monthly by the NP or GP, in collaboration with the RNs and resident and family/whānau.</p> <p>Eighteen electronic medication charts were reviewed. All had photographic identification, any allergies or adverse drug reactions are recorded on the chart. Specimen signatures of staff were sighted in each medication room. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (prn) medication is administered as prescribed and the reasons and effects are documented in the progress notes.</p> <p>There are no standing orders. There are residents who self-administer their medications, and they have a current medication competency in</p> |

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|  |           | <p>place which is reviewed regularly. Their medicines were seen to be stored in a locked cabinet in their room. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes and are informed of the indications and potential side effects. Staff were seen to explain the medication to residents in a simple way and if the resident chose not to take the medication, staff would try again later. The Māori health plan includes a requirement for support, advice, and treatment for Māori.</p>   |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The food is prepared and cooked on site in a well-appointed kitchen. The kitchen is managed by two cooks and supported by eight kitchen assistants. All have recognised food safety qualifications which were sighted. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan expires 20 June 2026. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents’ nutritional requirements are assessed on admission in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents’ dietary preferences are available in the kitchen. The menu is on a six-weekly rotation and was last reviewed by a registered dietitian in September 2025. During the audit, the meal service was observed, and residents were seen to be enjoying their meals. Where needed staff discreetly assisted residents. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. 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>Meals are served in the respective dining areas in the hospital/ rest home and secure dementia unit. Meals are delivered to the dining</p> |

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|   |    | <p>rooms in a food trolley and covered with insulated covers. Meals can be delivered to residents' rooms where requested. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. Decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The cook reported the service prepares food that is culturally specific to different cultures. There are menu options available which includes menu options which are culturally specific to te ao Māori such as 'boil ups' and Māori bread, and other individual options if required.</p>   |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | FA | <p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or kaupapa Māori agencies if indicated or requested.</p> <p>To coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, the RN completes a set of transfer documents. The NP makes the referral to hospital where appropriate. Relevant documentation sent with the resident includes a printout of their current medications, care needs, and a copy of enduring power of attorney documents. Resident needs and potential risks are communicated to the health service by the RN. Where resident's wish or need to be seen by another health service, referral is made, examples sighted included a referral to the dietitian, speech language therapist, and dentist. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe</p>   | FA | <p>The building has a current building warrant of fitness. The general manager reported that maintenance issues are managed by</p>  |

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| <p>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>contractors who 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. Electrical equipment has been tested and tagged, and clinical equipment has had functional checks/calibration undertaken annually. Hot water temperatures are monitored monthly and were seen to be within acceptable range.</p> <p>The facility is a single storey building. There are several communal areas including two large lounges and a dining area next to the kitchen, and two large lounges in the secure dementia unit. The communal areas are easily and safely accessible for residents. There is 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 when required. The corridors are wide with handrails. The external areas are well maintained and there is safe access to the outdoor areas. There are outdoor seating areas with 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>There is one shared room, the room was observed to be of sufficient size to enable safe mobilisation. The resident's verified during interview that they had requested the arrangement. The remaining rooms are single occupancy. 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.</p> <p>There are four rooms with ensuites and two with partial ensuites.</p> |
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|   |           | <p>There are sufficient communal toilets and showers to cater for all residents including in the secure dementia unit. 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 confirmed the inclusion of local Māori providers to ensure aspirations and Māori identity are included should changes be made to the care centre.</p>  |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>FA</p> | <p>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 03 July 2025. 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. There is a generator on-site and this is serviced regularly. 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 handy man. Appropriate security arrangements are in place. Doors are locked at a predetermined time; staff ensure the facility is</p> |

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|  |    | <p>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, including temperature monitoring.</p>  |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | FA | <p>The clinical nurse manager (registered nurse) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system.</p> <p>The infection control programme is reviewed annually by the management team, infection prevention and control committee, and infection control audits are conducted. Infection rates are presented and discussed at combined staff/quality meetings. Infection control data is also reviewed by the management team and benchmarked internally. Infection control is part of the strategic and quality plans. The directors receive reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources, and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand Te Whatu Ora, the general practitioner, and nurse practitioner.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p>   | FA | <p>The service has a pandemic response plan which details the preparation and planning for the management of lockdown, screening,</p>   |

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| <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, NP, laboratory, and Health New Zealand infection control nurse specialist. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team, and all policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment, and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practise were displayed in English, Te Reo, and are available in other languages.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input in to the</p> |
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|  |    | procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the facility manager. The management team and infection control coordinator would liaise with their community iwi links should the design of any new building or significant change be proposed to the existing facility.  |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>  | FA | <p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff, quality, and management team meetings. The Board of Directors, and Trustees are informed of any infection issues via the GM. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>   |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>Infection control surveillance is discussed at staff, quality, and management meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator, meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas</p> |

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|  |    | <p>of improvement.</p> <p>The service receives information from Health New Zealand for any community concerns. There has been one outbreak since the last audit. The facility followed their outbreak and pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, family/whānau, and staff. Staff wore personal protective equipment and were allocated to a cohort of residents to minimise risks . Family/whānau were kept informed by phone or email. Visiting was restricted.</p>  |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | FA | <p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All resident's personal laundry is managed onsite by dedicated laundry staff (linen is outsourced). The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice and sanitiser equipment available, and staff interviewed were knowledgeable around systems and processes related to hygiene, infection prevention, and control.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>  | FA | <p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership</p>  |

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| <p>restrictions.<br/> Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.<br/> As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> |  | <p>with whānau, and the choice of device must be the least restrictive possible. The restraint coordinator (clinical nurse manager) was interviewed. The restraint coordinator described the facility's focus on being restraint free. When restraint is considered, the restraint coordinator works in partnership with the resident and whānau to promote and ensure services are mana enhancing.</p> <p>At the time of the audit, there were no residents using restraint.</p> <p>All staff have annual restraint training. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the orientation programme.</p> |
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## 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)   |
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| <p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are</p> | PA Low            | <p>Three wound plans were reviewed in detail – two hospital and one dementia. Interviews with RN’s indicated practice is to taken monthly photographs of wounds. Photographs were inconsistently attached to the wound plan at the desired frequency in two of the wound plans. The wound plan describes the wound dressing regime including products to be used, the frequency the wound is to be dressed, and the resident’s pain score at the time the wound was dressed. In two wound plans the resident’s pain score had been inconsistently recorded, and in one the wound has not been redressed in accordance with the frequency described.</p> <p>The long-term care plan describes interventions and the monitoring required to</p> | <p>Two wound plans did not consistently record the residents pain score prior to redressing the wound.</p> <p>Two wound plans did not upload a current photograph at intervals required by the service.</p> <p>One wound had not been redressed at the frequency prescribed in the wound plan.</p> <p>One hospital resident with an SPC did not have two-weekly</p> | <p>Ensure wound plans are implemented as per the plan.</p> <p>Ensure monitoring occurs and recorded in the residents integrated record.</p> <p>90 days</p> |

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| <p>an ongoing process and that any changes are documented.</p> |  | <p>support the resident-centred goals. A resident with a supra-pubic catheter (SPC) did not consistently record the catheter bag change as per the long-term care plan, and two to four hourly oral cares had not been documented as having occurred as required.</p> | <p>catheter bag change recorded in the resident record as per the long-term care plan.</p> <p>One hospital resident long-term care plan required two to four hourly oral care; there is no evidence this was being completed.</p> |  |
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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 audit.

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End of the report.