

Sylvia Park Rest Home Limited - Sylvia Park Rest Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Sylvia Park Rest Home Limited

Premises audited: Sylvia Park Rest Home & Hospital

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

Dates of audit: Start date: 23 February 2023 End date: 24 February 2023

Proposed changes to current services (if any): All rooms are certified for dual purpose and include five double rooms . This audit verified room 31 to be suitable for double occupancy. This will increase the double rooms to six and the overall bed numbers to 82.

Total beds occupied across all premises included in the audit on the first day of the audit: 80

--

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Sylvia Park Rest Home and Hospital is privately owned and operated. The service provides rest home and hospital level of care for up to 82 residents. On the day of the audit there were 80 residents.

This surveillance audit was conducted against a subsection of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora- Te Toka Tumai Auckland. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, management, and a general practitioner.

The day-to-day operation of the facility is managed by a manager (non-clinical), supported by the owner and an experienced clinical manager.

There have been no significant internal or external building and environmental upgrades completed since the last audit.

The service has addressed all three previous certification shortfalls relating to the quality programme and to the documentation of fridge and freezer temperatures.

This surveillance audit identified shortfalls related to the labelling of food in the fridges and maintaining a hygienic environment.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

A Māori health plan is in place for the organisation. There were no staff employed who identify as Māori during the audit. The service also has a cultural safety policy which contains Pacific health plans specific to the different islands of the Pacific and their individual cultures. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori.

Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

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

There is a staffing and rostering policy documented. 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 ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
---	--	--

The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

Activity plans are completed in consultation with whānau and residents noting their activities of interest. Cultural events are celebrated and community links are maintained through visitors and church services.

There is a medicine management system in place. All medications are reviewed by the general practitioner every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Cultural foods are provided relevant to the nutritional needs of the residents.

Residents are referred or transferred to other health services in a coordinated manner.

Te aro ki te tangata me te taiao haumarū | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a preventative and reactive maintenance programme documented. Security arrangements are in place to ensure the safety of the residents and staff.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment, available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There was an infection outbreak of Covid-19 in March 2022, and this was well managed.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Sylvia Park is committed to using restraint as a last resort. At the time of the audit, there were three residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

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	21	0	0	2	0	0
Criteria	0	56	0	0	2	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of 'not applicable' which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan and Cultural Safety policy is documented for the service which includes recruitment of Māori staff. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. There were no staff employed who identified as Māori during the audit; however, the general manager interviewed confirmed that the service supports a Māori workforce, would encourage applicants who identify as Māori and support them through the employment processes.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable	FA	The service has a Pacific health plan in place as part of the cultural safety policy. This was developed in consultation with Pasifika by a well-known external consultant within the aged care sector and implemented by the service.

health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		
<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>	FA	<p>The Māori health plan and Cultural Safety policy supports Māori mana motuhake. Staff have completed cultural training which includes Māori current issues and rights related to health equity. Care plans reviewed include a person-centred approach and residents and family/whānau confirmed they have input into the care plans to promote their independence and confirmed they are provided with choice.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Interviews with ten staff (two registered nurses, five caregivers, one activity coordinator, one cleaner and one cook) confirmed their understanding of tikanga best practice in relation to their roles, with examples provided. Cultural training is also included in the orientation programme for new staff. Residents (two rest home and four hospital) and relatives (one rest home and two hospital) interviewed reported their privacy is ensured and independence is encouraged.</p> <p>The Sylvia Park Rest Home and Hospital provides annual Te Tiriti o Waitangi training that meets the diverse needs of people across the service. Policies and procedures are updated recently to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken. The organisation has the Culture Competency form for all staff to sign in, which has a section where the staff member is required to understand and respond to tāngata whaikaha needs.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe</p>	FA	<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 of discrimination, harassment, and bullying. All staff are held</p>

<p>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>responsible for creating a positive, inclusive and a safe working environment. Staff interviewed described the positive work environment and promoting teamwork at the Sylvia Park.</p> <p>The Māori health plan and cultural safety policy describes how care is provided based on the four cornerstones of Māori health 'Te Whare Tapa Whā'. This strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents, including Māori. At the time of the audit, there were no Māori residents. The Māori care plan available captures any required Māori health and cultural information for each Māori resident. Care plans reviewed were holistic and individualised.</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>	FA	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The service has a policy on cultural responsiveness to Māori principles. The registered nurses interviewed demonstrated a good understanding of informed consent processes. Cultural training includes best practice tikanga guidelines.</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</p>	FA	<p>The complaints procedure is an equitable process, provided to all residents and family/whānau on entry to the service. The general manager leads the investigation of concerns or complaints and consults with the clinical manager on any clinical concerns and complaints. Complaints forms are visible in the main entrance. The clinical manager maintains a record of all complaints, both verbal and written in a complaints' register.</p> <p>There have been two internal complaints in 2022 since the previous</p>

<p>in a manner that leads to quality improvement.</p>		<p>audit in 2021. All complaints documented evidenced investigation, follow up, and replies to the complainant, managed in accordance with guidelines set by the Health and Disability Commissioner. There have been no complaints received from external agencies.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on the complaints process. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. The clinical manager understood the importance of face-to-face communication with Māori, and maintains an open-door policy.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The service provides rest home and hospital levels of care for up to 81 residents. All beds are dual purpose. At the time of the audit there were five rooms certified as double rooms. This audit verified a further room (room 31) as suitable as a double room. This will increase the bed numbers to 82.</p> <p>There was a total of 80 residents on the days of the audit. This included 15 rest home level care and 65 hospital level care residents (including one young person on a disability [YPD] contract. All remaining residents were under the age-related residential care (ARRC) contract.</p> <p>Sylvia Park's mission and philosophy underpins the business objectives and quality goals. There is a business, quality, and risk management plan in place. The plan includes five key objectives: consumer focus; provision of effective programmes; certification and contractual requirements, including achieving outcomes for Māori; quality and risk management; and continuous improvement. The business, quality and risk plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community, as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activities team support residents to maintain links with the community. Tāngata whaikaha</p>

		<p>have meaningful representation through quarterly resident meetings and annual satisfaction surveys.</p> <p>Sylvia Park has been a privately owned and operated facility for over 20 years. The senior management team (owner, general manager, and clinical manager) meets when required. The general manager has been in the role for 15 years and has a qualification in accounting and commerce, who is responsible for daily operations of the service, non-clinical services, human resource management, maintenance and health and safety. The director and the senior management team participate in the cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>A full-time clinical manager (RN) has been in the role for four years and has continued to provide oversight of clinical care. The clinical manager has had over 20 years of experience in aged care services and has experience in rehabilitation services for older adults.</p> <p>The owner and general manager have attended at least eight hours of education, including Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland cluster meetings, cultural safety and awareness training, and aged care conferences.</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 and support workers.</p>	FA	<p>Sylvia Park has a quality and risk management programme in place. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. A summary is provided against each clinical indicator data. Benchmarking occurs internally.</p> <p>Monthly compulsory combined staff/quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; cultural compliance; 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. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed, with sign-off when</p>

		<p>completed. Interviews with staff confirmed that there is a discussion about quality data, including accidents/incidents, infections, internal audit outcomes, and concerns/compliments at the meetings. The previous findings related to (NZS 8134:2008 criteria 1.2.3.6 and 1.2.3.8) have been addressed. All accident/incidents are reported, data is collated, analysed, and reported at facility meetings with quality data.</p> <p>Staff complete cultural competency training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Resident satisfaction surveys completed for 2022 show high levels of satisfaction amongst residents. Corrective actions are implemented for areas of lower satisfaction, and results are discussed with residents, relatives, and staff through meetings.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. 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. The service has a comprehensive suite of policies and procedures which guide staff in the provision of care and services. Review of policies and quality data provide a critical analysis of practice to improve health equity. New policies or changes to a policy are communicated and discussed to staff.</p> <p>Health and safety is being discussed at the combined staff meetings that take place monthly. The health and safety audits are carried out at regular intervals. Hazards are identified and managed. A current hazard register is available.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no reported events that required notification to HealthCERT. One Covid-19 outbreak (March 2022) was appropriately notified to Public Health.</p>
Subsection 2.3: Service management	FA	The service has a policy for determining staffing levels and skill

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>mixes for safe service delivery; the general manager interviewed confirmed the staffing level has been stable, and there is currently no staff vacancies. Staff and residents are informed when there are changes to staffing levels, and care requirements are attended to in a timely manner, as evidenced in staff interviews.</p> <p>There are two RNs on the 12 hours shift in the morning and the afternoon shift, as well as the clinical manager to support. One RN is responsible for the whole facility overnight. The clinical manager and general manager are on call after hours. All registered nurses and caregivers hold current first aid certificates. There is at least one person with a valid current first aid certificate on each shift.</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. External training opportunities for care staff include training through Te Whatu Ora -Te Toka Tumai Auckland, and the local hospice.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-three caregivers are employed, and twenty-one caregivers have achieved a level three NZQA qualification or higher.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. These include (but are not limited to): restraint minimisation; medication administration; oxygen administration; and wound management. Additional RN specific competencies include syringe driver and interRAI assessment competency. Five of six RNs are interRAI trained.</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</p>	FA	<p>Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that</p>

<p>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>includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Sylvia Park admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry are recorded on the electronic waiting list.</p> <p>There were no residents or staff members that identified as Māori at the time of the audit. Ethnicity data is being collected, and the service can print a cultural list from their electronic system. The facility was fully occupied and routine analysis of entry data evidence 99% of residents are Asian and one resident NZ European. The service is using the same method to evidence entry and decline rates for Māori residents. There were no enquiries or decline of Māori residents in the last 12 months.</p> <p>A Māori health plan and Cultural Safety policy describe the service commitment to establish and develop Māori links. The service is working towards developing partnership with local Māori communities and organisations. The clinical manager stated that they will work with support services at the public hospital to access advice related to Māori health practitioners and traditional Māori healers, for residents and whānau who may benefit from these interventions.</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>	FA	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files reviewed (three hospital level, including one young person with physical disability [YPD], and two rest home level of care). Initial care plans are developed with the residents/EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments, interRAI assessment and completed within three weeks of the residents' admission to the facility for all long-term residents. Review of residents' records evidence that the residents under the YPD contract participate in care planning. Their plan includes activities and interventions to ensure that their physical, mental health, cultural and wellbeing needs are met. There is a Māori health care plan available in the electronic system when required. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and family/whānau. Registered nurses work alongside residents and family/whānau when developing care plans so residents can develop their own pae ora outcomes. Care plans reviewed include detailed interventions to meet all the care needs of the residents or is amended when there is a change in health condition. Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss. Care plans are evaluated six-monthly and document the progress towards the resident individual goals.</p> <p>Residents had been reviewed by the GP within required timeframes and when their health status changes. The GP visits the facility weekly and as required. Documentation and records reviewed were current. The GP interviewed stated that there is good communication with the service and that they are informed of concerns in a timely manner. The facility is provided access to an after-hours service by</p>

		<p>the GP. A physiotherapist visits the facility weekly for an average of four hours. Other health professionals involved in resident's care include dietitian, stoma nurse, occupational therapist for seating assessments, and a diabetic nurse.</p> <p>Residents interviewed reported their needs were being met. Family/whānau are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes. The management and registered nurses reported they routinely invite family/whānau to the six-monthly review meetings along with the resident. Communication with family/whānau was evidenced in the electronic system. When a resident's condition alters, the registered nurse initiates a review and if required requests a GP visit. Each incident involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with RNs and caregivers.</p> <p>The resident satisfaction survey completed in 2022 shows overall satisfaction with care delivery.</p> <p>There were four residents with superficial wounds. There were no residents with pressure injuries on the day of the audit. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. The electronic wound care plan documents assessments, wound management plan and evaluations are documented with supporting photographs and wound assessments. The review of the wound care plans evidenced that wound assessment was documented as stated in the care plan. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to) weights, neurological observations, vital signs, and fluid balance recordings and charts were implemented according to the care plan interventions. Repositioning charts were commenced in a timely manner.</p>
--	--	--

		Caregivers interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. The handover observed provides the caregivers with adequate information of each resident, accompanied by a photograph of each resident. This is printed off the electronic system and provides the most recent overview and changes to each resident. Progress notes are maintained on the electronic management system and entered by the caregivers and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is facilitated daily by three activity coordinators. The activity coordinator interviewed reported that the service supports community initiatives that meets the needs of their Asian residents, but is flexible to include activities to meet aspirations of Māori and family/whānau. The policy related to social wellbeing (sighted) provides guidance on opportunities for Māori residents and family/whānau to participate in te ao Māori and include use of te reo through words and phrases. Van trips are conducted once a week.</p> <p>Residents and family/whānau interviewed felt supported in accessing community activities such as celebrating national events. The planned activities and community connections are suitable for the residents. There is access to church services. Family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>A suite of policies are available for the safe management and storage of medication. A safe system for medicine management using an electronic system was observed on the day of audit. Registered nurses and medication competent caregivers are responsible for medication administration. One registered nurse was observed administering medications correctly on the day of audit.</p> <p>Ten medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy</p>

		<p>status notified. The GP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented in progress notes.</p> <p>Residents and family/whānau interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. There were no residents self-medicating on the days of audit. There are policies and procedures in place should any resident wish to administer their medications.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. Standing orders are not in use. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening.</p> <p>The registered nurses and management described how they have access to advice services at the public hospital for Māori residents, to ensure the appropriate support is in place, advice is timely, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Moderate</p>	<p>The Māori health plan and cultural safety policy in place included cultural values, beliefs, and protocols around food. The cook stated that menu options are culturally specific to the current cohort of residents' cultural needs; however, if requested, food specific to other cultures (including Māori) can be catered for. The cook consults with the residents to gain feedback on the food services and adjust the menu if there are any special requests. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes. The cook advised cultural days are</p>

		<p>celebrated to include a choice of foods.</p> <p>There is a food control plan in place expiring in December 2023. There are cleaning schedules in place and food temperatures are recorded as required. Vermin is not well controlled (link 5.5.3). All fridge and freezer temperatures are recorded daily. Families are welcome to bring culturally specific food for their relative; however, numerous containers of foods in various fridges are not dated and labelled. The previous shortfall related to the temperature recording are met; however, the partial attainment (NZS 8134:2008 criteria 1.3.13.5) remains. The interviewed residents and family/whānau expressed satisfaction with the food portions and options.</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>A standard transfer notification form from Te Whatu Ora- Te Toka Tumai Auckland is utilised when residents are required to be transferred to the public hospital or another service. Residents and their family interviewed reported they were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p> <p>Interviews with the clinical manager and registered nurses and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	FA	<p>There is a planned and reactive maintenance programme in place, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 9 July 2023. The manager is responsible to oversee the maintenance of the building and uses external contractors for repairs, maintenance, and gardening services. There are essential contractors who can be contacted 24 hours a day. Repairs and maintenance requests are</p>

<p>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>generated through a maintenance log and checked off once completed by the manager.</p> <p>There is a preventative maintenance schedule in place; however, not to a detail recorded to ensure the building and plant is safe. A visual inspection of the facility provided evidence that the building, and equipment of the facility are not well maintained.</p> <p>The planned maintenance schedule includes equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Weekly hot water tests are completed for resident areas and are below 45 degrees Celsius. Air temperatures are not monitored. Electrical testing of equipment has fallen behind in schedule.</p> <p>The manager and owner advise there have been no further improvements made since the last audit and would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori if renovations are planned.</p> <p>The service has requested room 31 be verified as a double-room. The service applied for a reconfiguration on the day of audit. A visual inspection of room 31 evidenced the room to be spacious to allow for two residents and staff to safely move around the beds. There is adequate space within the room to provide for mobility equipment. There is a light above each bed with a staff call assist button and a resident's call bell. The call bell point has a double adapter with a call bell cord and for a sensor mat if required. The flooring is vinyl and is adequate. There is plenty of light, ventilation, and heating is centralised. There are privacy screens to ensure the privacy of the residents when personal cares are provided. There is an ensuite off the room and there is ample space in the toilet and shower areas to accommodate shower chairs and a hoist if required.</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</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 16 July 2009 and reconfirmed on 16 December 2022. Fire evacuation drills are held six-monthly with an external contractor.</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>The building is secure after hours and staff complete security checks at night. The front door closes at 5 pm and visitors are instructed to press the bell at the side gate for entry after this time.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is a pandemic plan in place which includes management of Covid-19. Adequate supplies of personal protective equipment were sighted. Staff have been training in donning and doffing personal protective equipment. Isolation kits are readily available to staff.</p> <p>The infection control policies and job description provide guidance for the infection prevention coordinator (clinical manager) to work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. The clinical manager interviewed understood these requirements. Educational resources at the time of the audit were only available in English, Cantonese, and Mandarin. Information is available in te reo Māori to ensure the process is equitable for Māori.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers and at monthly staff meetings. The clinical manager reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced.</p> <p>There has been one outbreak since the previous audit in March 2022. This was managed effectively with support and advice from Te Whatu Ora- Te Toka Tumai Auckland and Public Health.</p> <p>The service is actively working towards including ethnicity data in the surveillance of healthcare-associated infections.</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>	<p>PA Moderate</p>	<p>There is a cleaning manual available with cleaning tasks and responsibilities. On the days of the audit, the cleaners were visible maintaining a clean environment. Two cleaners are rostered to work Monday to Sundays from 7 am to 2.30 pm. The cleaning trolley is stocked with the necessary equipment and appropriate chemicals are used. Chemicals are labelled. The cleaning trolley is stored safely when not in use. The cleaner interviewed stated they are knowledgeable around their role and responsibilities.</p> <p>Residents feedback is sought on cleanliness through the residents' meetings (sighted) and annual resident and family survey (sighted). While the resident meetings minutes and annual survey results for 2022 evidence residents and family/whānau have not commented negatively about the cleanliness of the facility. Visual inspection of the facility evidences a hygienic environment is not always maintained.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>There is an approval process described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The restraint coordinator is the clinical manager and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation. Commitment is documented in the restraint policy.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The GP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is</p>

		<p>also considered. On the day of the audit, three hospital residents were using a restraint (two bed rails and one lap belt). Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff and quality meetings.</p>
--	--	--

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.5.5 An approved food control plan shall be available as required.	PA Moderate	There is a food control manual available in the kitchen. The food control plan was verified 29 June 2022. There is a cleaning schedule available and is signed off when completed. Chemicals are safely stored. Visual inspection of the kitchen evidence clean surfaces, equipment, and flooring. The fridge temperatures in the kitchen and kitchenettes are recorded daily. There is a reminder notice on all the fridges to label and date all food.	(i) There were several unlabelled and undated food containers and covered food in dessert plates within two kitchen fridges and the fridge in the downstairs kitchenette.	Ensure food containers are dated and labelled. 60 days
Criterion 5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the	PA Moderate	The manager completes the cleaning audit. A cleaning audit is scheduled annually and completed in August 2022 with no corrective actions required at the time and stated ‘processes are good’. The cleaning standard in the laundry and kitchen has been maintained.	Visual inspection of the environment evidence that cleanliness of equipment, flooring and high touch areas are not always maintained.	Ensure effective implementation of the cleaning processes to produce a clean and safe environment. Ensure the interval of

<p>health and disability service that shall include:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>		<p>Transfer equipment is clean. Flooring in hallways, bedrooms and bathrooms are linoleum and easy to clean; however, the cleanliness of the floors under several beds and both nurses' stations; the high touch area of the storage cupboards (upstairs incontinence cupboard and downstairs sling cupboard); shower chairs; and lower outside of both medication trolleys were unhygienic.</p>	<p>The interval of monitoring of the cleaning processes is insufficient.</p>	<p>monitoring is more frequent.</p> <p>60 days</p>
--	--	--	--	--

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.