

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

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:

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: 30 May 2024 End date: 31 May 2024

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 79



Executive summary of the audit




Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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 |
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|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service are fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service are 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 are partially attained and of low risk |

| Indicator | Description | Definition |
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| | A number of shortfalls that require specific action to address | Some subsections applicable to this service are 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 are unattained and of moderate or high risk |

General overview of the audit

Sylvia Park Home and Hospital provides hospital (medical and geriatric), and rest home level of care for up to 82 residents. There were 79 residents on the days of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora – Auckland. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, and staff. The general practitioner was unavailable for interview at the time of audit.

The facility manager is appropriately qualified and experienced and is supported by an assistant manager and clinical nurse manager (registered nurse). There are quality systems and processes being implemented. Feedback from residents and families/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 improvements were required relating to care plan interventions and aspects of medication management.

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 are fully attained.

Sylvia Park Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori 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/whānau are kept informed. The rights of the resident and/or their family/whānau 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 are 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.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

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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 are partially attained and of medium or high risk and/or unattained and of low risk. |
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The admission package is in place and available prior to or on entry to the service. Clinical nurse manager and registered nurses are responsible for each stage of service provision and assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau. Care plans reviewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Clinical nurse manager, registered nurses, and senior caregivers are responsible for administration of medicines. Annual medication competencies and education are completed. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

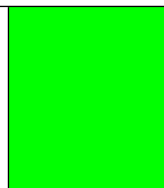
The activities team provide and implements a varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences, cultural needs and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Discharges and transfers were coordinated.

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 are fully attained.

The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place.

Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Rooms are personalised with ample light and adequate heating. Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned and implemented strategies for emergency management and outbreaks. There is always a staff member on duty with a current first aid certificate.

There are appropriate emergency equipment and supplies available. A fire drill is conducted six-monthly. Residents reported a timely staff response to call bells. Security is maintained.

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 are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. 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 have been two outbreaks (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

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| 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 are fully attained. |
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The restraint approval process is described in the restraint policy and provides guidance on the safe use of restraint and strategies to work towards eliminating restraint. The registered nurse (RN) is the restraint coordinator and provides support and oversight for restraint management in the facility. There were four residents documented in the restraint register using restraint. Restraint use is monitored and reviewed three-monthly. Restraint is only used as a last resort. There are appropriate quality review processes documented related to restraint use.

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 | 27 | 0 | 1 | 1 | 0 | 0 |
| Criteria | 0 | 175 | 0 | 1 | 1 | 0 | 0 |

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

| Subsection with desired outcome | Attainment Rating | Audit Evidence |
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| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | <p>FA</p> | <p>The Māori Health Plan acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. The service does currently have residents who identify as Māori, though the service primarily caters for the Chinese population.</p> <p>Cultural training for staff begins during their orientation and continues as a regular in-service topic. Training covers discussions in relation to 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>Key relationships with Māori are in place through consultation with the family of a Māori resident, and the clinical nurse manager's extensive links in the community. These links provide cultural education and support to the staff and management of the facility. The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit, there were no Māori staff members. Staff interviewed stated that they are supported in delivering culturally safe care and staff have the ability to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the Māori health plan and tikanga guidelines.</p> |

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| | | <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Twelve staff members interviewed (four caregivers, two registered nurses, two cooks, one cleaner, one laundry, one maintenance, 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>Sylvia Park Home and 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 input from their cultural advisor, and links in the Pacific community.</p> <p>On the day of audit, there were Pacific residents living at Sylvia Park Home and Hospital. There is a process to gather ethnicity information and people's cultural beliefs and practices during the admission process, which would then be entered into the residents' files. Family members are encouraged to be present during the admission process and the service welcomes input from residents 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 facility manager confirmed that the service would encourage and support any applicants that identify as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with management, staff members, three residents (two rest home, and one hospital), and two family/whānau (hospital) identified that the service puts people using the services, their family/whānau, and the Sylvia Park Home and Hospital community at the heart of their services. The service has links to a local Pacific Island church through current staff members, to access community links and facilitate equitable employment opportunities for the Pacific</p> |

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| | | community. |
| <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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (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/whānau. The facility manager, or clinical 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 three-monthly resident and family 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 the resident advocacy is available near 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 the local churches. Church services are held regularly.</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>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</p> | FA | <p>Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau to be involved in their care. Residents have control and choice over activities they participate in.</p> <p>It was observed that residents are treated with dignity and respect. Resident/family satisfaction survey results (most recent June 2023)</p> |

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| <p>experiences.</p> | | <p>confirm that residents 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. 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 interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Nine residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori language was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are 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 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 the 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.</p> |

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| | | <p>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 regarding the service is provided to residents and family/whānau on admission. Three-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/next of kin of any accident/incident that occurs.</p> <p>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> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, the majority of residents could not speak and understand English; however, a large number of staff members speak Mandarin in addition to English. Caregivers and the clinical nurse manager interviewed described how there are resources for use by non-Mandarin speaking staff members to aid in communication with the residents when required. There are also resources in te reo Māori and staff who speak Pacific languages when required.</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</p> |

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| | | <p>agreement.</p> <p>The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with regarding the range of services available. Health professionals involved with the residents may include specialist services. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities 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> | FA | <p>There are policies around informed consent. The nine resident files reviewed included signed general consent forms and other consents to include vaccinations, outings, and photographs. Consent forms are available in English and Chinese. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with family/whānau demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service has Māori tikanga guidelines available for staff to ensure they can provide appropriate information for residents, family/whānau, and in care planning as 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</p> | FA | <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 has been one complaint year to date since the previous audit in February 2023. This was received as an external complaint via the Health and Disability Advocacy in April 2024, relating to a death in public hospital; to which the service provided</p> |

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| <p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | | <p>the required details. Following an investigation, the complaint was closed with no action required by the service.</p> <p>The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that any complaints received would be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they would be informed of complaints (and any subsequent corrective actions) in the monthly staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on the complaints process, and complaints forms are available near the entrance to the facility (available in English and Chinese). Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Residents and/or family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, and the management team are aware of the preference of face-to-face interactions for some Māori should the need arise.</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</p> | <p>FA</p> | <p>Sylvia Park Home and Hospital is located in Mount Wellington, Auckland. Sylvia Park Home and Hospital provides care for up to 82 residents at hospital and rest home levels of care. On the day of the audit there were 79 residents. All residents were under the aged related residential care (ARRC) agreement, apart from one hospital resident on a long-term support chronic health contract (LTS-CHC).</p> <p>Sylvia Park Home and Hospital is the trading name of Sylvia Park Rest Home Limited - a privately owned company with two directors (including the facility manager). Sylvia Park Home and Hospital has a</p> |

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| <p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | | <p>current business plan in place with clear goals to support their documented vision, mission, and values. The values espouse caring, and personalised care. The directors were knowledgeable around legislative and contractual requirements and are experienced in the aged care sector, having owned and managed aged care facilities for a number of years. The facility manager (trained medical doctor) and clinical nurse manager (registered nurse) provide clinical governance.</p> <p>A mission, philosophy and objectives are documented for the service. The monthly meeting provides an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The management team analyse internal processes, business planning and service development to improve outcomes for residents and have processes in place to achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. This includes input from a Māori cultural advisor as required. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with residents and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The director, facility manager, assistant manager, and clinical nurse manager have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending the same training as the facility staff members.</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</p> | <p>FA</p> | <p>Sylvia Park Home and Hospital has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings and to the management team/director. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with the management team and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home, and hospital levels of care.</p> |

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| <p>improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection, and complaints management. Data is collected for a range of adverse event data and is collated and analysed. 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. Staff are provided with sufficient training and resources to deliver high quality health care for Māori residents. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified. Examples of quality improvements implemented since the previous audit include (but are not limited to): new carpets, furniture, and room refurbishments.</p> <p>Resident meetings are held three-monthly. Both residents and family/whānau have provided feedback via annual satisfaction surveys. The resident surveys reviewed indicate that residents are very satisfied with the services received. Corrective actions were raised relating to seasoning in meals and an extra handrail in a bathroom. These were implemented and results discussed in the resident and staff meetings.</p> <p>Health and safety policies are implemented and monitored. Directors/management and staff are kept informed, evidenced in management and staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events, and provides feedback to the service and staff so that improvements are made; evidenced in the accident/incident reports reviewed.</p> <p>The facility manager is aware of situations that require essential notifications. No occasions requiring the submission of Section 31 reports to HealthCERT have occurred since the previous audit. Public Health authorities were notified in relation to the Covid-19</p> |
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| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | FA | <p>There is a staffing policy that describes rostering requirements, and the service provides 24/7 registered nurse cover. The registered nurses and caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager, assistant manager, and clinical nurse manager are available Monday to Friday, with on-call out of hours being shared by the management team.</p> <p>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 minimisation, 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. There are currently 24 caregivers who have attained NZQA level 3 or above.</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 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 health information that would include that related to any Māori residents who enter the service.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities, in order to balance work with life.</p> |

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| <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. Eight staff files reviewed (four registered nurses, activities coordinator, and three caregivers) 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 (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GP, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over 12 months have an annual appraisal on file.</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 all residents, including Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> | <p>FA</p> | <p>Resident files and the information associated with residents and staff are retained 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</p> |

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| <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> | | <p>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. The service is not responsible for National Health Index registration.</p> |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | <p>FA</p> | <p>Residents' entry into the service is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. The nine admission agreements reviewed align with all contractual requirements. A short stay admission agreement is completed for residents who require respite/short stays. Exclusions from the service are documented in the admission agreement.</p> <p>Family/whānau and residents interviewed stated they received the information pack and sufficient information prior to and on entry to the service. Policies and procedures are in place to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical nurse manager, manager and registered nurses are available to answer any questions regarding the admission process. The RNs interviewed advised the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would be if there were no beds available or the potential resident did not meet the admission criteria. The clinical nurse manager on interview, confirmed that they have not declined any residents, as the facility is usually full. If residents are declined,</p> |

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| | | <p>the resident and family/whānau would be provided with alternative options and links to the community if admission is not possible. Ethnicity information at the time of enquiry from individual residents is analysed for the purposes of identifying entry and decline rates. The service has a meaningful partnership and working relationships with local Chinese community groups to benefit individuals and family/whānau. Sylvia Park is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, employment opportunities, and different projects and programmes.</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>Clinical nurse manager (CNM) and registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Nine resident files reviewed: five hospital level, including a resident on a LTS-CHC contract and four at rest home level of care. Initial care plans are developed with the residents or enduring power of attorneys' consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which includes a range of risk assessments and information from pre-entry assessments.</p> <p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility (inclusive resident on LTS-CHC contract). Long-term care plans are designed to be holistic and individualised to meet the needs and preferences of the resident. Assessments and care plans are documented by the registered nurses. The care plans are individualised and reflect resident preferences; however, not all assessments and care plan interventions were documented in sufficient detail to guide the resident needs. Short-term care plans are developed for acute/short term needs and where ongoing, these have been added to the long-term care plan.</p> <p>Residents who identify as Chinese or Māori have a cultural health care plan in place which describes the support required to meet their needs. The RNs interviewed described removing barriers, so</p> |

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| | <p>residents have access to information and services required. Independence is promoted when developing care plans; residents and family/whānau are involved when pae ora outcomes are developed.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. There is evidence in files of the requirement to have monthly (hospital residents) or three-monthly (rest home) GP reviews/visits when the resident's condition is considered stable. The contracted GPs visit the facility weekly. Residents have reviews by the GP within required timeframes and when their health status changes. The GP was unable to be interviewed on the day of audit. The GP practice provides an after-hours service to the facility. A physiotherapist visits the facility weekly and residents' mobility, exercise and non-pharmaceutical pain management is supported by a physiotherapy assistant.</p> <p>Contact details for family/whānau are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, GP visits, medication changes, and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were two wounds documented in the wound register, one of which was a stage I pressure injury. Where wounds required additional specialist input, Health New Zealand - Auckland wound nurse specialist advice is available.</p> <p>Registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers and RNs. When there are changes in the residents' health, these are reflected in the progress notes. Registered nurses initiate a review with the GP and complete comprehensive assessments, including (but not limited to) falls risk,</p> |
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| | | <p>pressure risk and pain assessment. There was evidence the RNs added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. All resident incidents were evidenced as being followed up in a timely manner by the RNs. Caregivers interviewed 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. Monitoring is completed and include bowel, food and fluid, toileting regimen, behaviour, and restraint monitoring. Post fall assessments are completed for all falls, including completion of neurological observations when unwitnessed falls occurred.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RNs. Evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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 residents' activities programme is implemented by a full-time qualified diversional therapist (DT) and activities coordinator. The programme is facilitated over seven days a week. They work alongside the caregivers and physiotherapy assistants to support all residents with their activities. Caregivers have access to resources such as table games, puzzles, and quizzes to assist with activities over the weekend.</p> <p>The activities programme was displayed on two noticeboards on level one and level two, in Chinese and English. Family/whānau and residents receive a copy of the month's activities programme with the newsletter, which is published quarterly. There are a range of activities appropriate to the residents' cognitive and physical capabilities specific to the culture needs of Chinese residents. Activities include (but not limited to) exercises; intellectual games; board games; exercise groups, walking groups; quiz; church</p> |

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| | | <p>services; craft; and musical entertainment. On the day of the audit, residents were participating in exercise, singing and Mahjong. A van is available for driving excursions which includes a shopping trip to China Town for groceries and the food court. The programme allows for flexibility and resident choice of activity. For residents who choose not to participate in group activities, one on one visits occur regularly. Opportunities are facilitated to maintain linkages with the community and a number of volunteer groups visit the facility (eg, New Life Charity Trust, Auckland Senior Support Group, Evergreen Care and Peer support Trust and Auckland Mulan Boxing Association), who sing and perform for the residents. Church service is available by pastor Pakuranga Chinese Baptist Church.</p> <p>The use of te reo Māori is included in facility. Māori residents interviewed stated they are supported with their health needs and access to te ao Māori. Themed days such as Chinese New Year, Moon Festival and Dragon Boat Festival are celebrated with appropriate resources available. Family/whānau participation in the programme is encouraged. The service has close connections with the local community groups. Māori and Pacific residents are supported by the wider organisation (CANZ) when required.</p> <p>The residents' activities assessments are completed by the DT (Chinese speaking) and include cultural assessments in Chinese. Information on resident's interests and previous occupations are gathered during the interview with the resident and/or their family/whānau. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly, at the same time as the care plans and is part of the formal six-monthly multidisciplinary review process.</p> <p>The residents and their family/whānau reported satisfaction with the 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>PA Moderate</p> | <p>Policies and procedures are in place for safe medicine management. Staff responsible for medication administration have all completed medication competencies. There are two secure medication rooms.</p> |

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| <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | | <p>Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date.</p> <p>Eighteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. All medications are charted, either regular doses or pro re nata (prn). The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use; however, the effectiveness of 'as required' medication was not recorded in progress notes, or the medication system.</p> <p>Standing orders are not in use. Staff have received training in medication management and pain management as part of their annual scheduled training programme. Over-the-counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan evidence appropriate support, advice and treatment for Māori residents is incorporated into medication management.</p> <p>There were no residents self-administering their medications on the day of the audit; however, there are comprehensive policies to facilitate and assist residents who wish to self-administer medications when required.</p> <p>A medication audit is completed as per the audit schedule and corrective actions implemented where required. Medication errors are investigated and acted upon.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration</p> | <p>FA</p> | <p>All kitchen services are overseen by the cook, who is supported by three other cooks. All food services staff have completed food safety training. All meals and baking are prepared and cooked on site. The four-week seasonal menu has been reviewed biennially by a dietitian and meets the requirements for older people. There are two menus' Chinese (written in Chinese) and English, which provides options for residents to choose from. Food preferences and cultural preferences</p> |

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| <p>needs are met to promote and maintain their health and wellbeing.</p> | | <p>are included at resident's requests. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies.</p> <p>The menu provides pureed/soft meals, as well as gluten-free options if required. Alternatives are available at the residents' requests or provided as needed. Residents and family/whānau interviewed confirmed likes/dislikes are accommodated, alternatives offered, and that they are satisfied with the meal service and the options available.</p> <p>There are a number of fridges and freezers with temperatures recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves. There is a verified food control plan, expiring July 2025. Chemicals are stored safely, and safety datasheets are available.</p> <p>Once cooked, the meals are served by staff directly into the adjacent dining room on the ground floor and plated covered meals transferred by trolley to level two dining room. Food temperatures are recorded. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are kitchenette areas with tea and coffee facilities, small fridge, and a microwave in communal areas for residents and family/whānau to use. There were enough staff to assist during mealtimes.</p> <p>Residents provide verbal feedback on the meals through the meetings and surveys. Resident preferences are considered with menu reviews. Kitchen staff and caregivers interviewed had a good understanding of tikanga practices related to food services.</p> <p>Residents are weighed monthly, unless this has been requested more frequently due to weight loss. The cook ensures that dietitian advice with fortified smoothies and meals are implemented.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> | <p>FA</p> | <p>Discharges and transfers were coordinated in collaboration with the</p> |

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| <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> | | <p>resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau were involved in discharges to and from the service. Transfer notes include a yellow transfer envelope with advance directives, medication chart, GP notes, summary of the care plan, and resident's profile, including family/whānau details. When resident's return to the service, discharge summaries are uploaded to the electronic resident's file. The RNs interviewed advised comprehensive handover between services occur at the time of transfer or discharge.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>The building holds a building warrant of fitness, expiring 9 June 2024. The environment is inclusive of peoples' cultures and supports cultural practices. The service is meeting the relevant requirements, as identified by relevant legislation, standards, and codes. The maintenance manager/ manager oversees and implements the maintenance plan. Maintenance requests are documented in maintenance registers and acted upon in a timely manner. This is checked and signed off when repairs have been completed. A preventative maintenance plan is in place which includes electrical checks, test and tag of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Ample storage areas are available for hoists, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The facility is purpose built over two storeys. There are two elevators and stairs available to use. The lifts can accommodate emergency evacuation as required.</p> <p>All rooms are dual purpose for hospital and rest home level of care. Each room has its own ensuite which is spacious and accommodates hospital equipment. There is a total of 82 beds split over the two floors. This consists of 73 rooms; 6 of which are being used as a double room. Double rooms have privacy curtains and individual call</p> |

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| | | <p>bells, and consent has been obtained from the residents.</p> <p>There is a reception at the main entrance with adjacent offices on the ground floor. There are two nurses' stations and treatment rooms positioned, one on each floor. There are four lounge/dining areas over two levels.</p> <p>The kitchen is located on the ground floor and services both levels. The laundry is located next to the kitchen.</p> <p>All communal and the outdoor areas are easily accessible for residents with mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Residents and their family/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed confirmed their bedrooms are personalised according to their individual preferences. All outdoor areas, including the balcony, have seating and shade.</p> <p>The resident rooms are large and have ample natural light and ventilation. Air conditioners and wall heaters are used to maintain a safe and comfortable temperature. The facility was maintained at a warm and comfortable temperature on the days of the audit. The ensuite bathrooms and toilet facilities have appropriate flooring and handrails. Visitor toilets have disability access and are conveniently located and are identifiable.</p> <p>There are no current plans for development; however, the owner stated they would consult with Care Association New Zealand (CANZ) Māori representative, if changes are proposed for the facility.</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. An emergency management plan and civil defence plan directs the staff 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, dated 16 December 2022. The fire evacuation drills are conducted every six-months and are added to the training programme. Fire training and security situations are part of orientation of new staff.</p> |

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| | | <p>First aid kits are available. There is a person trained in first aid on each shift.</p> <p>The service does not have a generator on site; however, they can access one when required in the event of a power failure for emergency power supply. Civil defence equipment is available and checked at regular intervals. Emergency supply of water is available, that meets the requirements of the local civil defence guidelines. There are sources for alternative cooking available. Emergency food supplies sufficient for at least three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. A call bell system has been installed throughout the facility. The call system is appropriate, with annunciators throughout the corridors.</p> <p>The outside doors, reception, corridors, and carpark are monitored by close circuit television (CCTV). There is a main double-door entrance into the care centre, and these are secured at dusk. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer.</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. 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> | <p>FA</p> | <p>A 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. Infection control is part of the strategic and quality plans. The directors receive reports on progress towards 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 – Auckland.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most</p> |

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| | | residents are fully vaccinated against Covid-19. |
| <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>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, 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, laboratory, and Health New Zealand – Auckland infection control nurse specialist, should this be required. There are sufficient quantities of PPE 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 annually 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. The infection control coordinator is involved in the procurement of equipment, devices, and consumables used in the delivery of care. Single use items are not reused. The service has te reo Māori information around infection control for any potential Māori residents and works in partnership with Māori (residents and whānau) 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 Covid-19. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment. There are no plans to change the current environment; however, the infection control coordinator would</p> |

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| | | be involved in the process. Staff have completed handwashing and personal protective equipment competencies. |
| <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 an antimicrobial 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 antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality improvement meetings and management team. 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 Sylvia Park Home and Hospital 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, both monthly (internally), and three-monthly by an external consultant.</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 relevant data 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 of improvement. The service receives information from Health New Zealand – Auckland for any community concerns.</p> <p>There have been two Covid-19 outbreaks since the last audit. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, relatives, and</p> |

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| | | staff. Staff wore personal protective equipment; isolation of affected residents occurred to minimise risks and families/whānau were kept informed by phone or email. Visiting was restricted. |
| <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 when not in use. 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.</p> <p>All laundry is managed on site, with a dedicated laundry person working daily, with seven-day cover. 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 an appropriate sluice facility available, and staff interviewed were knowledgeable around systems and processes related to hygiene, and 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 restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | FA | <p>There is a Restraint Elimination and Preventing use of Restraint policy. The RN is the restraint coordinator (RN) and provides support and oversight for restraint management in the facility. The RN interviewed is conversant with restraint policies and procedures. The restraint policy confirms that restraint consideration and application would be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Silvia Park works in partnership with Māori and residents to promote and ensure services are mana enhancing. At the time of the audit, there was four hospital level residents using restraint (three bedrails and one lap belt). The RN confirmed Silvia Park is committed to providing services to residents without use of restraint.</p> <p>A review of the documentation available for the resident using</p> |

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| | | <p>restraint, include processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident (where appropriate), EPOA, GP and restraint coordinator. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p> <p>The use of restraint is reported in the combined quality and staff meetings. The reporting process is internal with CNM and owner.</p> |
| <p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p> | <p>FA</p> | <p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes, and when the restraint will end. Four files were reviewed of residents using restraint and evidenced assessment, monitoring, evaluation, and GP involvement. Restraint is only used to maintain resident safety and only as a last resort. The RN and CNM discuss alternatives with the resident, family/whānau, GP, and staff, taking into consideration wairuatanga. Restraint charting includes the restraint method approved, when it is applied, and frequency of monitoring. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process. Review of documentation and interviews with staff confirmed that restraint monitoring is carried out.</p> <p>A restraint register is maintained and reviewed by the clinical nurse manager, who shares the information with staff at the staff meetings.</p> <p>Use of restraints is evaluated three-monthly or more often according to identified risk. Sylvia Park Hospital do not support emergency use of restraint, and this is documented in the policy. The restraint coordinator described the debrief process that would take place if emergency restraint was ever required.</p> |
| <p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can</p> | <p>FA</p> | <p>The internal audit schedule was reviewed and included review of restraint use. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural</p> |

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| <p>influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p> | | <p>considerations. The clinical nurse manager reviews restraints and these are discussed at the three-monthly GP reviews and three-monthly approval/review group meetings. Staff monitor restraint related adverse events while restraint is in use. There have been no restraint related incidents reported for 2023/2024.</p> <p>Any changes to policies, guidelines or education are implemented if required. Data reviewed, minutes and interviews with staff (including RN and caregivers) confirmed that the use of restraint is only used as a last resort.</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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally</p> | PA Low | Assessments and care plans are documented by the registered nurses. The care plans are individualised and reflect resident preferences; however, not all care plan interventions were documented in sufficient detail to guide the resident needs. | <p>i). One hospital resident with aggressive behaviours has no interventions documented to manage associated risks.</p> <p>ii). One hospital resident requiring a continuous positive airway pressure (CPAP) machine overnight, did not have interventions documented for staff to manage or monitor the use of this machine.</p> <p>iii). One hospital resident had no specific instruction regarding administration, risks, and management of a PEG feeding tube.</p> | <p>i). – iii) Ensure all care plan interventions are current, individualised and reflect the assessed needs of residents.</p> <p>90 days</p> |

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| <p>competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p> | | | | |
| <p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p> | <p>PA Moderate</p> | <p>The medication policies are current and align with current legislation and requirements. Medications are stored securely. Medications are prescribed and administered appropriately. All 'as required' medications had prescribed indications for use: however, the effectiveness of 'as required' medication was not recorded in progress notes or the medication system.</p> | <p>PRN medications including skin cream, analgesia inclusive of controlled medication, sedation and insulin were administered without nursing assessment with no follow-up on outcomes by RN.</p> | <p>Ensure that PRN medications are administered following consultation with the RN and that the use of PRN medication is reviewed for efficacy.</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, 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.