

The Ultimate Care Group Limited - Ultimate Care Manurewa

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, 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 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

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

The specifics of this audit included:

Legal entity:	The Ultimate Care Group Limited
Premises audited:	Ultimate Care Manurewa
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 August 2018 End date: 29 August 2018
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:	37

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 outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. 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 standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards 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 standards applicable to this service partially attained and of low risk

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

General overview of the audit

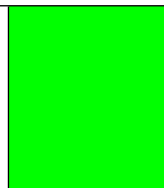
Ultimate Care Manurewa provides rest home and hospital level care for up to 51 residents. The service is operated by the Ultimate Care Group Limited and managed by a facility manager and an acting clinical services manager. Residents and families spoke positively about the care provided.

This surveillance audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family, management, and staff. The general practitioner was unable to be interviewed on the day of audit.

This audit has resulted in two areas requiring improvement relating to medication management and restraint management. Improvements have been made to address those areas requiring improvement at the previous audit, regarding signed service agreements, maintenance, cleaning and laundry processes.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.



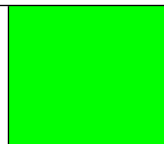
Standards applicable to this service fully attained.

At Ultimate Care Manurewa open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

A complaints register is maintained with complaints resolved promptly and effectively.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.



Standards applicable to this service fully attained.

The Ultimate Care Group mission statement and values are documented within the comprehensive quality and risk management plan which includes the business plan and strategy. Monitoring of the services provided to the Ultimate Care Group governing body is regular and effective. An experienced person manages the facility.

The quality and risk management system includes electronic collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved in the quality processes and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery, were current and are reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach to care delivery. The processes for assessment, planning, provision, evaluation, review and exit are provided within timeframes that safely meet the needs of the residents and contractual requirements.

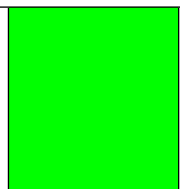
All residents have interRAI assessments completed and individualised care plans related to this programme. When there are changes to the resident's needs a short-term plan is developed and integrated into a long-term plan, as needed. All care plans are evaluated at least six monthly.

The service provides planned activities meeting the needs of the residents as individuals and in group settings. Families reported that they are encouraged to participate in the activities of the facility and those of their relatives.

The onsite kitchen provides and caters for residents with food available 24 hours of the day and specific dietary likes and dislikes accommodated. The service has a four-week rotating menu which has been approved by a registered dietitian. Residents' nutritional requirements are met.

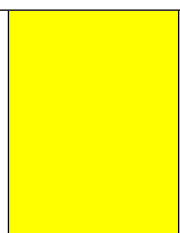
A safe medicine administration system was observed at the time of audit.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Ultimate Care Manurewa has a current building warrant of fitness. The facility meets the needs of residents and was clean and well maintained.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some standards applicable to this service partially attained and of low risk.
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The organisation has implemented policies and procedures that support the minimisation of restraint. One person was being supported with an enabler and one person was being supported with restraints on the day of audit.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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Surveillance for infections is completed every month. Results of surveillance are reviewed to assist in minimising and reducing the risk of infection. The infection surveillance results are reported back to staff and residents, where appropriate, in a timely manner.

Summary of attainment

The following table summarises the number of standards 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)
Standards	0	17	0	2	0	0	0
Criteria	0	41	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so. A clearly marked locked complaints and compliments box is situated in reception and forms are readily available for residents and relatives to use.</p> <p>The complaints register reviewed showed that eight complaints have been received over the past twenty months and that actions taken, through to an agreed resolution, are documented and completed within the required timeframes. Complaints are risk rated. Response letters refer to the advocacy service. Action plans show any required follow up and improvements have been made where possible. The facility manager is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>Ultimate Care Manurewa residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was confirmed in residents' files and records reviewed. Staff understood the principles of open disclosure, which is supported by the organisation's policies and procedures that meet the requirements of the Code of Health and Disability Services</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>Consumers' Rights (the Code). Staff know how to access interpreter services, although reported this was rarely required due to all residents able to speak English.</p>
<p>Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The Ultimate Care Group's strategic and business plans, which are reviewed annually, sit within the quality and risk management plan. The documents described annual and longer term objectives and the associated operational plans. The regional operations manager described the 'traffic light report' provided monthly to the operations general manager and the clinical reports provided to the general manager residential services. These reports are provided to the Ultimate Care Group Board by the general managers. A sample of monthly reports to the board of directors showed adequate information to monitor performance is reported including occupancy, staffing and staffing issues, clinical incidents, accidents, complaints, hazards, key performance indicators, and financial performance. Feedback from the board to the facility manager comes via the relevant general manager.</p> <p>The service is managed by a facility manager who has recently returned to the role having been in the role for many years previously. The facility manager has worked in the facility for 13 years. The facility manager and regional operations manager described their responsibilities and accountabilities which are defined in a job description and individual employment agreement; this is stored offsite in the head office. The facility manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through relevant externally provided management training, involvement in the sector and Ultimate Care Group education.</p> <p>Ultimate Care Manurewa holds contracts with the DHB and the Ministry of Health (MoH) for aged care, younger persons with disability (YPD) and respite services. Of the 37 residents receiving services on the day of audit, there were 14 rest home, and 19 hospital level care residents under DHB contracts and four under the MoH YPD contract.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement</p>	<p>FA</p>	<p>Ultimate Care Group has a planned quality and risk system that reflects the principles of continuous quality improvement. This system is used at Ultimate Care Manurewa and includes management of incidents, accidents and complaints, audit activities, a regular resident/family satisfaction survey, monitoring of outcomes, clinical incidents including infections and restraints.</p> <p>Meetings and reviews are included in the annual calendar of events. Minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the quality, health and safety, and staff meetings. Staff reported their involvement in quality and risk management activities through quality improvement projects such as the review of incontinence products, audit activities,</p>

<p>principles.</p>		<p>meeting attendance and use of the incident and accident reporting systems. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Resident and family satisfaction surveys are completed annually. The most recent survey in October 2017 showed several areas of dissatisfaction which have been addressed with a comprehensive corrective action plan, which was completed in March of this year. Examples of actions taken included; painting of walls, creating a dedicated place for families to make private phone calls, increased opportunities for families to engage with management, creation of an information board, and increased activities. The follow up survey is in progress at the time of audit.</p> <p>Policies are managed by the Ultimate Care Group support office, available within an electronic system, reviewed, and covered all necessary aspects of the service and contractual requirements. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. Printed versions of policies are available to all staff in the staff office and the facility manager is responsible for ensuring updated policies are replaced as required.</p> <p>The facility manager and regional operations manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The facility manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements in line with the organisation's policies.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Staff document incidents, accidents, hazards and complaints which are managed within an electronic system overseen by the Ultimate Care Group support office staff. A sample of incidents reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, and initially analysed by the support office staff and reported to the facility manager for further analysis. The facility's results are benchmarked against other Ultimate Care Group facilities.</p> <p>The facility manager described essential notification reporting requirements, including for pressure injuries. They advised there have been no notifications of significant events made to the Ministry of Health, since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are</p>	<p>FA</p>	<p>Ultimate Care Group, human resources management policies and processes are based on good employment practice and relevant legislation. An electronic recruitment system is used which ensures each required step is followed throughout the process. The facility manager confirmed the recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs),</p>

<p>conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>where required. The regional operations manager approves appointments made by the facility manger. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, records are maintained and APCs are current.</p> <p>The comprehensive staff orientation includes all necessary components relevant to the different roles. Staff reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation and a performance review after a three-month period.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. An Ultimate Care Manurewa staff member is the internal assessor for the programme and the facility manager reported plans to have two more onsite staff trained as assessors. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The Ultimate Care Group provide a documented and implemented process for determining staffing levels and skill mixes for safe service delivery, 24 hours a day, seven days a week (24/7). The Ultimate Care Manurewa clinical services manager is responsible for adjusting staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed.</p> <p>RNs and care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of a four-week roster cycle confirmed adequate staff cover had been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate and there is 24/7 coverage in the hospital. All RNs are experienced and there are five interRAI trained RNs.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. The organisation seeks updated information from NASC and GP for residents accessing respite care.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. The previous audit identified an area for improvement to ensure that all residents' files included a signed service admission agreement. The corrective action is now</p>

		<p>addressed. In nine of the ten files reviewed there was a current signed admission agreement and a copy of enduring power of attorney documents. The clinical services manager interviewed stated that this is not the case for one resident admitted in June 2014 who does not have an admission agreement signed. This resident is now unable to make an informed choice, communication documents have been sighted to show that the facility has tried to contact the only known next of kin with little success. The facility has now decided to seek advice and support from the geriatric nurse specialist and the newly appointed nurse practitioner. Service charges comply with contractual requirements.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The medication management policy was current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage however not all medication is stored appropriately.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided as required.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. Ten of the 36 residents three-monthly GP reviews were not recorded on the medicine chart as up to date; however, evidence in the ten residents' files sighted showed regular three-monthly GP and medication reviews had occurred.</p> <p>There were six residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this is managed in a safe manner. All six residents did not have their medication stored securely in their bedroom. Evidence was provided by the end of the audit that the resident's medication was stored securely in each resident's bedroom.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is provided on site by one of two cooks and kitchen staff and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Ministry for Primary Industries, which expires 27 June 2019. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The two cooks interviewed have undertaken a safe food handling qualification.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan.</p> <p>Evidence of improved resident satisfaction with meals was verified by resident and family interviews and in residents' meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident. The facility's 'house doctor' was unavailable for an interview. The facility has recently moved to a new practice and will be supported by a GP and predominantly a nurse practitioner. This new team will be starting on the 30 August 2018. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture,</p>	FA	<p>The activities programme is provided by an activities co-ordinator who is supported by an on-line activity support group. The activity co-ordinator supports residents from Monday to Friday 9.00am to 3.30pm. A mobility co-ordinator who works Monday to Friday from 1.30 to 3.00pm also supports the activities co-ordinator and residents with group activities and resident specific one to one physiotherapy exercises as developed by the physiotherapist.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an</p>

<p>and the setting of the service.</p>		<p>activities programme that is meaningful to the residents. The resident's activity needs are evaluated three monthly and as part of the formal six- monthly care plan review. The facility has a van, due to only being able to seat three people the facility also has the option of hiring a mobility van to support regular outings.</p> <p>Activities reflect residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. There are currently four residents who remain independent and are encouraged to connect and interact with the community while other residents are supported by the staff and groups in the community to partake in regular community activities and groups. The activities co-ordinator interviewed stated that she visits each resident every morning with residents from the hospital and rest-home. Activities for the rest home and hospital residents are often combined in the afternoon and supported by the mobility co-ordinator. Families/whānau are involved in evaluating and improving the programme through residents' meetings and day to day discussions. Residents interviewed confirmed they find the programme interactive and fun.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Residents' care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected the service responds by initiating changes to the plan of care. There was evidence of long term care plans for hospital and rest home level care residents being updated as changes occurred throughout the 5 of the 10 residents' files reviewed that had short term care plans. Examples of short term care plans being consistently reviewed, and progress evaluated as clinically indicated were noted for infections, skin tears, falls and challenging behaviours. When necessary, and for unresolved problems, long term care plans are added to and updated. Families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness which expires on 16 March 2019 is publicly displayed. No issues were reported by managers, staff or residents for residents using the handrails/grabrails in the toilet and shower areas and the ladies toilet was observed to have been painted as required. The regional operations manager reports the maintenance and handrail corrective actions required from the previous audit have been signed off and closed by the DHB.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Documented processes, cleaning rosters and sign off sheets were sighted which have addressed the issues identified regarding cleaning and laundry. The facility was observed to be clean and tidy on the day of audit. This corrective action required from the previous audit has been closed.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care facilities and includes urinary tract infections, respiratory tract infections, skin, wound, eye, gastro enteritis and other infections. The IPC coordinator/clinical services manager reviews all reported infections, and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs and short-term care plans are developed.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Trends are identified from the past year and this is reported by the IPC co-ordinator and reported to all staff. Thirty-four residents and eight staff in June 2018 consented to the flu vaccine and 12 residents consented to the shingles vaccine.</p> <p>The facility has had a total of 21 infections from February 2018 to July 2018. One resident has been identified with three of those 21 infections due to co-morbidities. Residents' files reviewed highlighted short term and long-term care planning to reduce and minimise the risk of infection. Care staff interviewed demonstrated knowledge of residents who have a higher risk of infections and the interventions required. Data is benchmarked externally within the group three monthly. Benchmarking has provided assurance that infection rates in the facility are below average for the sector.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Ultimate Care Group policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The organisation's policy refers to being committed to providing a restraint free environment. The newly appointed restraint coordinator at Ultimate Care Manurewa provides support and oversight for enabler and restraint management in the facility. She demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities, and stated an intention to decrease the restraint use for the only person using restraints in the facility.</p> <p>On the day of audit, one resident was using restraints (wrist restraints, bedrails and lap belts) and one</p>

		<p>resident was using enablers (bedrails), which were the least restrictive and used voluntarily at their request. A similar process is followed for the use of enablers as is used for restraints, including documented monitoring.</p> <p>Staff and managers stated restraints are used as a last resort. This was evident from interview with staff and on review of the residents' files. Annual staff training on managing challenging behaviours and restraint minimisation and safe practice is provided as part of the training programme. A review of the use of restraints for the person using restraints was done in June 2018 and the recommendation was made to continue with the use of each of the three restraints. There was no evidence an external specialist review has occurred by the local DHB or other relevant specialist allied health professionals. (Refer Standards 2.2.1)</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	<p>PA Low</p>	<p>The facility manager says the restraint approval group, made up of the general practitioner, the restraint coordinator, and the clinical service manager, are responsible for the approval of the use of restraints and the restraint processes for Ultimate Care Manurewa.</p> <p>In June 2018 the restraints were reviewed and approved for the person for whom restraints are used. The resident's file indicated the restraint approval group for this review also included the facility manager and the resident's mother. It was evident from this documented review in the resident's file and interviews with the coordinator that there are clear lines of accountability, that all restraints have been approved at a facility level, and the overall use of restraints is being monitored and analysed.</p> <p>Evidence of family involvement in the decision making was on file. Use of a restraint or an enabler is part of the plan of care for each of the two people concerned.</p> <p>The wrist restraint being used for the one person in this facility has not been included in the organisation's approved restraint register/list documented within the Ultimate Care Group policy despite this being approved at the facility level.</p> <p>There was no evidence sighted to indicate the restraint group recommendation in June 2018; to coordinate with the local DHB geriatric and mental health services had been done for the person involved.</p>

Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>The staff interviewed stated that only staff enter the nurse’s station. The medication trolleys were observed to be locked when not in use but were stored in the nurses’ station which does not have a door or lock to secure the medication trolleys. Documentation from the general manager for assets and procurement sighted stated that a builder has been booked for the 11 September 2018 to provide price options to resolve the issue. In the interim the clinical services manager interviewed stated that the medication trolleys will be stored in a current unoccupied resident’s room that is secure.</p>	<p>Medication trolleys were not stored in a secure room.</p>	<p>Ensure that all medication is stored to meet the medication safe guidelines.</p> <p>30 days</p>

<p>Criterion 2.2.1.1</p> <p>The responsibility for restraint process and approval is clearly defined and there are clear lines of accountability for restraint use.</p>	<p>PA Low</p>	<p>There are clearly defined lines of accountability and responsibility for restraint use documented within Ultimate Care Group policy which are followed at a facility level by Ultimate Care Manurewa staff. There was no evidence a wrist restraint used for one person in the facility has been approved at the organisation level as it does not appear on the organisation's list of approved restraints as documented within the policy sighted, despite being approved at the facility level. It is unclear on the day of audit who is responsible for ensuring this restraint is included in the organisation's approved restraints register. External advice to support that this restraint/these restraints for this person are safe and appropriate has not been sought as planned.</p>	<p>The use of a wrist restraint for one person in Ultimate Care Manurewa, is not indicated on the Ultimate Care Group approved restraints list documented within policy, or the requirement of the restraint minimisation and safe practice standard, to ensure all restraints are approved.</p>	<p>Include the wrist restraint on the Ultimate Care Group approved restraint register if this restraint continues to be approved and used in Ultimate Care Manurewa.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display

End of the report.