

The Ultimate Care Group Limited - Ultimate Care Kensington Court

Introduction

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

The audit has been conducted by Central Region's Technical Advisory Services 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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

Legal entity: The Ultimate Care Group Limited

Premises audited: Ultimate Care Kensington Court

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

Dates of audit: Start date: 8 September 2022 End date: 9 September 2022

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: 34

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ultimate Care Kensington Court is part of Ultimate Care Group Limited. It is certified to provide services for up to 81 residents requiring rest home and hospital level care. Occupancy on the first day of audit was 34 residents. There have been no significant changes to services at the facility since the last audit.

This surveillance audit was conducted against a subsection of the Health and Disability Services Standards Ngā Paerewa NZS8134:2021 and the service contracts with Te Whatu Ora.

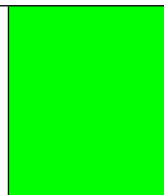
The audit process included review of policies and procedures, review of resident and staff files, observations and interviews with family, residents, management, staff, and a general practitioner.

Previous areas identified as requiring improvement relating to quality management, human resource management, assessment, and medication management are now fully attained.

An additional area requiring improvement relates to staff levels.

Ō tatou motika | Our rights

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



Subsections applicable to this service fully attained.

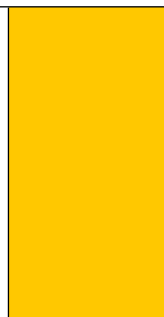
Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, racism, and relationship status.

Policies are implemented to support residents' rights, communication, complaints management and protection from abuse. The service has a culture of open disclosure. Complaints processes are implemented.

Care plans accommodate the choices of residents and/or their family/whānau.

Hunga mahi me te hanganga | Workforce and structure

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



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

Ultimate Care Group Limited is the governing body responsible for the services provided at this facility and understands the obligation to comply with Ngā Paerewa NZS8134:2021. The organisation's mission statement and vision are documented and displayed in the facility. The service has a current business plan and a quality and risk management plan in place.

An experienced and suitably qualified facility manager ensures the management of the facility. A clinical services manager oversees the clinical and care services in the facility. A regional manager supports the facility's managers in their roles.

The quality and risk management systems are in place. Meetings are held that include reporting on various clinical indicators, quality and risk issues, and there is review of identified trends.

There are human resource policies and procedures that guide practice in relation to recruitment, orientation, and management of staff. The service includes a systematic approach to identify and deliver ongoing training, supports safe service delivery, and includes individual performance review.

Systems are in place to ensure the secure management of resident and staff data.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Entry to services is informed following external assessment process completion and following all documented criteria being met. Service information is available in multiple formats and languages to resident's family/whānau and staff. Consultation with hospital and primary health teams informs admission. Admission data includes ethnicity and identifies the process required to meet culturally appropriate entry to service.

Registered Nurse assessments are completed within the required timeframe following admission and inform the short-term care plan. General Practitioner or Nurse Practitioner consultation, assessment and medication review is completed within the first five days following admission. Three monthly medical and nursing reviews are undertaken thereafter. Acute assessment and treatment are completed as required when there is a change in residents health status and documented. Specialist input is accessed where indicated and informs the plan of care.

InterRAI assessments are completed and updated in a timely manner and inform the development of long-term care plans. Evaluations are completed six monthly or sooner as required and documented appropriately.

Communication processes are established to ensure resident information informs continuity of care including formal shift handovers. New processes to enhance information transfer between care staff and registered nurses has been established during recent months.


Systems, processes, and resources are available to support the cultural needs of Māori and Pacific residents and their families/whānau.

Medication is managed safely and effectively to meet legislative requirements. Staff who administer medication have completed training and competency assessment.

Activities are provided by an experienced activities coordinator who is undertaking diversional therapy training. An activities programme is available, informed by residents with one-on-one sessions provided as required. Group outings into the community have resumed. Residents report favourably about the range and suitability of activities provided.

Meals and snacks are prepared on site and are suitable to meet the variety of residents' needs and individual preferences

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current building warrant of fitness. A reactive and preventative maintenance programme is implemented that complies with legislation and includes but is not limited to equipment and electrical checks.

Resident's rooms provide single accommodation and are of an appropriate size to allow care to be provided as needed. Bathroom and showering facilities are easily accessible throughout the facility.

Essential security systems are in place to ensure resident safety. Six monthly trail evacuations are undertaken. The facility has a monitored call bell system for resident to summon help, when needed, in a timely manner.

All areas are accessible, safe and provide a suitable environment for residents.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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There is an infection prevention and control programme alongside an antimicrobial stewardship programme in place to meet the size and need of the resident group. Policies and procedures guide infection prevention and control practice and are available to all staff through the organisation's intranet.

There is a dedicated infection prevention and control nurse. Infection data is collected, collated and bench marked. Antibiotic prescribing is monitored, information collected and collated. Staff are informed of data related to both programmes and have received training pertaining to the prevention, identification, and management of infections.

Pandemic plans are in place. There has been one outbreak of Coronavirus disease in the last audit period. All requirements for outbreak management were completed and documented.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Policies and procedures are in place related to restraint minimisation and safe practice. The organisation has adopted a comprehensive assessment process required before restraint can be considered. There is senior clinical input at executive level into restraint oversight, the restraint committee, and coordination. There were no residents using restraint at the time of the audit or for the preceding six months.

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	19	0	0	1	0	0
Criteria	0	57	0	0	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.

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<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>	Not Applicable	<p>The organisation has a Māori health action plan that identifies that Ultimate Care Group Limited (UCG) aims to improve outcomes for Māori. Strategies include but are not limited to setting out priority areas and supporting the role of Mātauranga Māori in the development and delivery of health services. Further work is being prioritised to promote a collective action (by government communities and social sectors) in working towards pae ora, and that all residents identifying as Māori will be offered the opportunity to have iwi/hapū, and/or whānau representation contacted and present.</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</p>	Not Applicable	<p>There is a cultural safety policy that describes the procedure for identifying and meeting cultural needs, as well as physical, spiritual, and psychological needs. It includes culturally sensitive considerations and practices. However, the policy does not identify or address the cultural needs of Pacific peoples.</p>

<p>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>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>Policy and practice include ensuring that all residents, including Māori residents' right to self-determination is upheld and they can practice their own personal values and beliefs. The Māori health plan identifies how UCG will respond to Māori cultural needs and beliefs in relation to illness.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Staff receive training in tikanga best practice. Cultural appropriate activities have been introduced such as celebrating Matariki which was very successful with many staff and residents being involved.</p> <p>Interviews with staff confirmed their understanding of the cultural needs of Māori, including in death and dying as well as the importance of involving family/whānau in the delivery of care.</p> <p>A recently introduced Māori assessment tool identifies Māori residents' goals on admission. A care plan reviewed evidenced resident and whānau involvement, exploration of the resident values, and what was important to them with clear documentation outlining how goals are to be achieved and what support is required to achieve the best outcomes.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	FA	<p>Staff interviews confirmed awareness of their obligation to report any evidence of discrimination, abuse and neglect, harassment, racism, and exploitation. Interviews with staff also confirmed their</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>understanding of the cultural needs of Māori.</p> <p>The provider has a zero tolerance for racism with staff interviewed confirming the facility is a safe place to work with safeguards in place to ensure racist behaviour is not supported.</p> <p>Resident interviews described that the service promotes an environment in which they and their families/whānau feel safe and comfortable to raise any questions or queries, and that discussions are free and open.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The informed consent policy and the Māori health plan acknowledge Te Tiriti and the impact of culture and identity on the determinants of the health and well-being of Māori residents. It requires health professionals to recognise these factors as relevant when issues of consent to health care of Māori residents arise. This includes whānau support and involvement in decision making, care and treatment of the resident, provided that the resident has given consent for the whānau to be involved.</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 organisation has a policy and process to manage complaints, that is in line with Right 10 of the Code. The complaint process is made freely available throughout the facility.</p> <p>The facility manager (FM) is responsible for managing complaints. There had been three complaints during 2021/22. A complaints register is in place that includes the name of the complainant, date the complaint is received, the date the complaint was responded to, and the date of resolution, with the date the complaint was closed completing the form. Evidence relating to the investigation of the</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>complaint is held in the complaints folder. Interview with the FM and a review of complaints indicated that complaints are investigated promptly, and issues are resolved in a timely manner.</p> <p>Support for Māori residents is available via Te Piki Oranga if required for a complaints process.</p> <p>Interviews with the FM, staff and residents confirmed that residents can raise any concerns and provide feedback on the service. Resident and family/whānau stated they had been able to raise any issues directly with the FM and clinical services manager (CSM).</p> <p>A Health and Disability Commission (HDC) complaint received in 2020 is now closed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Ultimate Care Kensington Court is part of UCG with the executive team providing direction to the service. The UCG governance body understands the obligation to comply with Ngā Paerewa NZS 8134 2021 as confirmed at interview with UCG Relationship Manager. These were described as the core competencies that executive management are required to demonstrate, and include understanding of the services obligations under Te Tiriti, health equity, and cultural safety.</p> <p>The facility Māori health plan describes how the organisation will ensure equity. The FM described how the facility is introducing the basics of te reo Māori and supports staff to upskill in Māori tikanga. Families/whānau are encouraged to participate in the planning, implementation, monitoring, and evaluation of service delivery. Family of residents interviewed confirmed they are invited to be involved in their loved one's care and feel welcomed and part of the facility.</p> <p>The UCG management team has a clinical governance structure in place (for example the appointment of a clinical lead for the organisation), that is appropriate to the size and complexity of the service provision. The clinical operations management group report to the board monthly on the key aspects noted above.</p>

		<p>The FM is an experienced manager, with qualifications in management and clinical services. The CSM has held this position for six months and has a broad clinical background. Both the FM and CSM are registered nurses (RNs) with current practising certificates. Both managers have completed at least eight hours educational training and the UCG management orientation programme. In the absence of the CSM a RN covers the role for short periods. For longer periods the regional manager (RM) would appoint a temporary CSM. In the absence of the facility manager the RM or CSM steps into the role. The RM supports the team with face-to-face visits and regular online communication.</p> <p>The service provides hospital and rest home level care residents for up to 81 residents. Beds are comprised of 50 rest home, 16 hospital level, 15 dual purpose beds. On the first day of audit there were 34 residents. Rest home beds in the facility include a wing of 24 serviced apartments.</p> <p>The facility has contracts with Te Whatu Ora Nelson Marlborough for age related residential care, chronic health conditions, end of life and support care medical illness. At the time of the onsite audit all residents were under the Te Whatu Ora aged related residential care (ARRC) agreement.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p>	<p>FA</p>	<p>The annually reviewed, executive team approved quality and risk management plan, outlines the quality and risk framework to promote continuous quality improvement. There are policies and procedures, and associated systems to ensure that the facility meets accepted good practice and adheres to relevant standards, including standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>There is an implemented annual schedule of internal audits. Areas of non-compliance from the internal audits include the implementation of a corrective action plan with sign-off by the FM when completed. Since the last audit, a new reporting tool called the 'manager's reflective report has been developed and enacted to capture quality improvement initiatives because of internal audit findings. Quality improvement initiatives include the incorporation of improved clinical</p>

<p>and support workers.</p>		<p>indicators into the everyday life of the facility.</p> <p>The facility holds monthly meetings for all staff that includes quality, health and safety, staff, infection prevention and control with good staff attendance. Meetings minutes evidence that a comprehensive range of subjects are discussed.</p> <p>At interview, through observation and review of resident meetings minutes it was noted that residents/whānau were able to be involved in decision making/choices.</p> <p>Completed hazard identification forms and staff interviews show that hazards are identified. The hazard register sighted is relevant to the service and has been reviewed and updated.</p> <p>The facility follows the UCG national adverse reporting policy for internal and external reporting (where required) to reduce preventable harm by supporting system learnings.</p> <p>Notifications to HealthCERT under Section 31 were noted for the appointment of the CSM, and reporting lack of RN cover for shifts throughout 2022.</p> <p>High quality health care and equality for Māori is clearly stated within the Māori Health plan and policy.</p> <p>The previous findings regarding meeting minutes and incident reporting are now closed (criterion 1.2.3.8 in the 2008 standards).</p>
<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>PA Moderate</p>	<p>Ultimate Care Kensington Court policy includes the rationale for staff rostering and skill mix. This includes a facility managers' roster allocation tool, to ensure staffing levels are maintained at a safe level. Interviews with residents, relatives and staff confirmed that some shifts are short of staff. Rosters reviewed and interview with the FM outlined that not all shifts are covered by an RN. Level four care givers are supported to cover in these instances.</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>Laundry and cleaning staff are rostered on seven days a week.</p> <p>The FM works 40 hours per week and participates in the on-call roster. The CSM works 40 hours per week and is available for clinical support. In addition, staff were supported by the UCG on-call clinical support health line.</p> <p>Due to staff turnover and leave taken, the facility does not have full 24/7 RN cover for all shifts. The FM with support from head office human resources staff has just completed a successful recruitment campaign which will see RN numbers increase soon.</p> <p>The CSM is InterRAI trained and care givers complete Careerforce training in New Zealand Qualification Standards (NZQA) to level four.</p> <p>There is an implemented annual training programme. Annual performance appraisals were completed for all staff requiring these and three-monthly reviews had been carried out for newly appointed staff. Staff competencies and education scheduled are relevant to the needs of aged care residents.</p> <p>Annual resident and relative satisfaction surveys are completed with a corrective action plan put in place to address areas identified as requiring improvement.</p> <p>Support systems promote health care and support worker wellbeing, and a positive work environment was confirmed in staff interviews. Employee support services are available.</p> <p>The service collects both staff and resident ethnicity data regarding Māori health information.</p> <p>The previous finding regarding annual performance appraisals for staff is now closed (criterion 1.2.7.5 in the 2008 standards).</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Human resource management practices follow policies and processes which adhere to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed</p>

<p>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>the organisation's policy is consistently implemented and records are maintained. The recruitment processes include police vetting, reference checks and a signed agreement with a job description. Current practising certificates were sighted for all staff and contractors who require these to practice.</p> <p>There is a documented and implemented orientation programme and staff training records show that training is attended. There was recorded evidence of staff receiving an orientation, with a generic component specific to their roles, on induction. Staff confirmed completing introduction and stated it was appropriate to their role. Records reviewed showed that ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The organisation has established relationships with Māori groups and individuals to support culturally appropriate transition to care partnerships and care provision. There is an admission process in place that includes identifying timeframes for admission. The process also includes the collection and analyses of ethnicity data. Support for Māori residents can be identified and accessed prior to, or on admission. Staff access local advisors to guide the admission process where required to support Māori residents and their whānau to meet cultural or other needs.</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>	FA	<p>There is an established process in place to complete RN assessments, care planning and evaluation of care within required timeframes. The process is informed by the resident where possible or by their family/Enduring Power of Attorney (EPOA). InterRAI assessments are completed prior to the development of long-term care plans (LTCPs) At the time of the audit all interRAI assessments</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>and care plans were up to date. The LTCPs are developed within three months of admission. The previous finding (1.3.3.3) relating to timely completion of LTCPs is now closed.</p> <p>An electronic patient management program is in place. A small number of hard copy resident documents are managed securely in the nurse's station. Information reviewed was up to date and comprehensive providing sufficient detail to maintain safe practice.</p> <p>Medical assessments are completed following admission by either the GP or nurse practitioner (NP) under GP supervision. Documentation is completed to ensure residents who are stable can receive three monthly reviews. GPs are available on call should residents' condition change. Interviews confirmed communication between the facility and GP practice was timely and comprehensive. Other specialist services such as Hospice are engaged as required. Privacy is maintained throughout the assessment process. Staff report assessments are completed in the privacy of resident rooms.</p> <p>Allied health input is maintained where indicated. Plans are informed by allied health professionals, documented, and evaluated. Resident file review confirmed allied health input was limited during outbreak restrictions in July 2022. However, staff endeavoured to complete the requirements of allied health plans until routine allied health visits resumed in August 2022.</p> <p>Wound data is collected and informs wound management and outcomes. The wound care documentation reviewed evidenced staff reported and documented all wounds comprehensively with photos taken from the initial assessment. Specialist input is accessed as required. There was evidence of a large comprehensive unstageable wound that has been recently healed. Documentation includes regular photographic evidence, nursing/medical reviews, and evaluation. Staff have access to wound care resources, and the organisation is supportive to trying new approaches to treatment and/or wound healing products. Short term care plans are developed for wounds and other acute conditions.</p>
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		<p>Review of resident files confirmed progress notes are completed as required. Observations are routinely measures and include weight and blood pressure. Variations are reported and responded to as appropriate.</p> <p>Resident information related to the activities programme is entered weekly into individual resident progress notes. Individual plans are developed following admission and reviewed six monthly alongside the multidisciplinary review or sooner as required. Cultural information related to activities is entered as identified.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is implemented Monday to Friday by an experienced person undergoing DT training. The programme information is available for residents, family/whānau and staff on notice boards and in the residents' rooms. There are a range of activities provided throughout the day. One on one support is usually facilitated prior to 1000 hours and after 1500 hours Monday to Friday. Mid-morning brings the residents together in the lounge for news and views as a group activity. Other activities include indoor bowls and crafts.</p> <p>Resident input occurs through two monthly meetings and the programme is informed through feedback received at this time. Outdoor activities are encouraged with gardening in the warmer months. Cooking and preserving home grown produce is facilitated. Residents have a sale table with relish, soaps and creams made through activities completed. Van outings have resumed after a break due to staff availability. Up to 10 residents at a time participate in outings. Community activities are available including outdoor BBQs, fish and chip events and scenic rides. The van is fit for purpose and safety supported with a first aid kit and fire extinguisher in situ. Two people assist the resident van outings.</p> <p>Activities documentation is completed as required to include assessments, social history, individual plans, and plan reviews and coincide with the multidisciplinary reviews. Culturally appropriate considerations are identified for residents who identify as Māori or</p>

		<p>Pacific peoples.</p> <p>Residents were observed participating in activities during the audit and reflected positively about the programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The organisation has medication management policies and procedures that meet legislation and guidelines in place to guide practice. There is an electronic medication management system in place. Staff complete orientation to the electronic system upon employment. Staff training related to medicine management is completed and competency assessments maintained for HCAs and RNs administering medications. Residents are educated as required around the medications they use, what they are for and any side effects. A mid-day medication round was observed and met safe practice requirements.</p> <p>Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded electronically. Resident allergies and sensitivities are documented on the electronic medication chart and in the resident's electronic record.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use-by-dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy.</p> <p>Medications are stored appropriately, and weekly checks undertaken. Six monthly pharmacy checks are completed. A gap in weekly reconciliation occurred during the month of July when a COVID-19 outbreak was occurring. The checks resumed in the month of August. Documentation review confirmed no anomalies were noted during this time.</p> <p>Controlled drugs were reviewed and meet legislative requirements. Fridge temperatures are monitored and recorded. Pro re rata medications administered recorded effectiveness in files reviewed. Appropriate signing with two signatures for controlled drugs is</p>

		<p>maintained. There were no expired medications located during the medication stock review.</p> <p>Standing orders are up to date. Staff interviewed were competent and confident to provide medication support. Processes were clear and easy to understand.</p> <p>There were three residents self-administering medication at the time of the audit. All three residents had secure lock boxes in their room and consideration was given to maintaining independence within the requirements of the residential environment. The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interviews confirmed that where over the counter or alternative medications were being used, they were added to the medication chart following discussion with the resident and/or their family/whānau.</p> <p>Areas of improvement related to self-administration of medication and the pharmacy check-in process are now closed.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Nutritional assessments are completed upon admission and information provided supplied to kitchen staff. Information is updated when a resident's dietary needs change. Diets are modified as needed and the cook confirmed awareness of the dietary needs of residents. Whiteboard lists recorded special diets, preferences, and allergies. All meals and snacks are prepared on site. The dining room is adjacent to the kitchen and meals are served in a pleasant environment. Residents can choose to eat their meal in their room if preferred. The temperature of food served is taken and recorded.</p> <p>A meal service was observed. Meals were attractively plated. Residents reported satisfaction with the food. Assistance was provided when necessary</p> <p>The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. The food control plan expiry date is June 2023. A</p>

		<p>finding related to food temperature recording and cleaning form external audit is now closed.</p> <p>The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted.</p> <p>All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>Residents provide menu feedback every two months at resident meetings and through the annual resident survey. Options to address residents' cultural needs are identified through the assessment process and options requested as required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Resident transfers are managed through an established process underpinned by the organisations transfer and discharge policy. Consultation with the resident family/whānau is undertaken and documented. Staff interviewed were informed around transfer and discharge processes, in particular resident transfers to hospital.</p> <p>Referral documentation is managed appropriately. Information is managed using the Identity, Situation, Background, Assessment, Repeat (ISBARR) tool where required and referral forms completed are uploaded into the residents electronic file (gallery). Staff discussed the clarity and frequency of communication between primary health and secondary care. Relationships have been established with general practice to facilitate the smooth management of medical input when the need for transfer is identified. Transfers are facilitated to specialist services as required, again through an established process. All transfer information reviewed included communication to the referrer including information related to the resident's diagnosis,</p>

		<p>current needs, medication and identified risks.</p> <p>Residents are provided with information related to health and disability services and contacts provided as required. This includes Māori and Pacific services.</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>A current building warrant of fitness is displayed in the entrance to the facility. Buildings, plant, and equipment comply with relevant legislation.</p> <p>The facility is undertaking a recruitment process to fill the vacant position of maintenance person for the facility. In the absence of a maintenance person the most crucial tasks have been allocated to management and administration staff.</p> <p>The facility has a preventative and reactive maintenance schedule in place. This includes monthly maintenance checks of all areas and specified equipment such as hoists and call bells. Staff identify maintenance issues on an electronic system. Staff interviews confirmed awareness of the system to manage maintenance issues. The administrator is currently recording the hot water temperatures and follows up with the FM should there be any anomalies.</p> <p>Interviews with staff and visual inspection, confirmed there is adequate equipment available to support care.</p> <p>The facility has an annual test and tag programme in place. The last scheduled renewal for the facility was cancelled due to COVID-19 restrictions within the facility. This has been rescheduled to later this month. Evidence of checking and calibration of biomedical equipment, such as hoists was sighted and remains current.</p> <p>All resident areas can be accessed with mobility aids. There are accessible external courtyards and gardens. All external areas have outdoor seating and shade and can be accessed freely by residents and their visitors.</p> <p>Residents have their own room, and each is of sufficient size to allow</p>

		<p>residents to mobilise safely around their personal space and bed area, with mobility aids and assistance. Observation and interviews with residents confirmed there was enough space to accommodate personal items: furniture: equipment and staff as required.</p> <p>Areas can be easily accessed by residents, family/whānau, and staff. There are areas available for residents to access with their visitors for privacy if they wish. Observation and interviews with residents and family/whānau confirmed that residents can move freely around the facility and that the accommodation meets residents' needs.</p> <p>Interview with the FM advised that any planned alterations or additions for the facility would be identified in the Māori health plan and the service would link with in with Māori for consultation with the support of UCG head office.</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>	FA	<p>An approved fire evacuation system was sighted. Interviews with staff and review of documentation confirmed that fire drills are conducted at least six monthly. There is a sprinkler system installed throughout the facility and exit signage displayed. Staff interviews, and training records confirm that fire wardens received warden training and staff have undertaken fire training. Staff files and training records demonstrated that orientation and mandatory training includes emergency and disaster procedures and fire safety.</p> <p>There are systems and process in place to ensure resident and staff security.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	FA	<p>There is an infection prevention and control (IPC) programme in place suitable for the nature, size, and complexity of the service. The programme is linked to organisational strategic plans and is reviewed annually.</p> <p>There are a range of up-to-date policies and procedures in place that reflect current best practice informed by the organisation's IPC team. Policies include hand hygiene, aseptic technique, transmission-based precautions, prevention of sharps injuries, prevention and management of communicable infectious diseases, management of</p>

<p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>current and emerging multidrug-resistant organisms (MDRO), outbreak management, single use items and acquired infections. Staff discussed best practice related to single use items and could access the policy and guidelines if required.</p> <p>There is an experienced, knowledgeable IPC nurse with a current job description. The IPC nurse leads the program at facility level supported by the IPC committee. The committee meets monthly and informs and facilitate the IPC plan. Education is facilitated and staff confirm mandatory IPC education provided in the last 12 months is appropriate and easy to understand. Education can be accessed in te reo as required online. Audits are completed. Resources are managed to meet the requirements of the resident group. Outbreak resources are still supplied locally through the hospital. Staff were observed upholding appropriate IPC practice.</p> <p>There are outbreak plans in place including a specific COVID-19 plan. A recent COVID-19 outbreak (July 2022) demonstrated the plan was followed with input from the GP and hospital. Resources were managed and processes completed to meet the requirements of the plan, the local hospital, public health, and Te Whatu Ora.</p> <p>Monthly meetings with stakeholders are completed and include resource management.</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</p>	<p>FA</p>	<p>Surveillance activities are undertaken as part of the IPC programme and form the basis for collecting, collating and analysing information related to infections.</p> <p>Monthly infection data is collected for all infections is based on standard definitions. Data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are developed where trends are identified. Activities are discussed at monthly meetings or sooner if required as in the case of outbreak management. Meeting minutes are available to staff and communicated during shift handover. Progress notes and clinical records document infections for individual residents. Short term care plans (STCP) are developed to guide care for all residents with</p>

<p>with an equity focus.</p>		<p>infections. There are processes in place to isolate infectious residents when required. Resident file review confirmed documentation is maintained related to infections. Ethnicity data is collected at organisational level.</p> <p>Staff educate residents as required around the management of their own IPC practice including hand washing, use of antibacterial gels and isolation as required. The facility has multiple stations for the safe management of hand hygiene.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>There are Board endorsed organisational policies and procedures available to staff to facilitate the safe minimisation of restraint practice.</p> <p>A restraint coordinator role is established and facilitated at senior clinical leadership level. Prior to any restraint practice implementation, staff involved consult with senior clinical leaders and the restraint coordinator to ensure all alternatives are explored. There is a strong emphasis on choosing alternatives and these are discussed, trialed and reviewed. Family/whānau approval is gained should consent requirements include this. The impact on family/whānau is also considered. Staff discussed their reluctance to use restraint and their focus on a “no restraint” future.</p> <p>Restraint assessment includes the identified need, alternatives tried, associated risks, cultural needs, impact on the family/whānau, any relevant life events, advance directives, expected or potential outcomes and when the restraint will end. Internal audit is undertaken to include restraint practice, the effectiveness of restraints, staff compliance, safety, and cultural considerations.</p> <p>Reports on restraint use are available to senior leadership and governance groups through an aggregated quality report. Feedback from the report from governance is available to staff. There were no residents using restraint during the time of the onsite audit or for the preceding six-month period.</p>

Specific results for criterion where corrective actions are required

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>There is not 24/7 RN cover for the facility, as required under the ARRC agreement with Te Whatu Ora. Mitigation of this risk has been put into place, in agreement with, and monitoring by Te Whatu Ora. Whenever an RN is not available, a level four NZQA qualified senior caregiver who has a current first aid certificate and medication competencies cover the vacant RN shifts</p>	<p>The facility does not have 24/7 RN cover as required under the ARRC agreement.</p>	<p>Ensure there is 24/7 RN cover.</p> <p>90 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 of this audit.

No data to display
