

The Ultimate Care Group Limited - Ultimate Care Madison

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 Madison

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

Dates of audit: Start date: 22 May 2023 End date: 23 May 2023

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: 45

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
Yellow	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
Red	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 Madison is part of Ultimate Care Group Limited. It is certified to provide services for up to 57 residents requiring rest home or hospital level care. On day of audit 45 beds were occupied. The facility is managed by a facility manager and a clinical services manager. There have been no significant changes to services at the facility since the last audit.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS8134:2021 and the service contracts with Te Whatu Ora Te Pae Hauora o Ruahine o Tararua Mid Central.

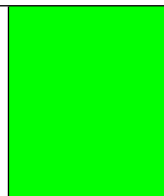
The audit process included review of policies and procedures, review of resident and staff files, observations, and interviews with whānau, residents, management, staff, a physiotherapist, and a general practitioner.

Previous areas identified as requiring improvement relating to complaint management and corrective action documentation are now fully attained.

Additional areas requiring improvement relate to staff levels, monitoring of medication fridge and room temperatures, recording of allergies and sensitivities, documentation of neurological observations and early warning signs and risks.

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.

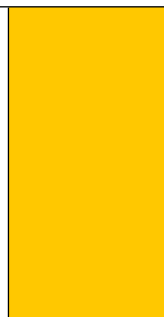
Staff receive training in Te Tiriti o Waitangi which is reflected in service delivery. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status.

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 their 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 their responsibilities to the Treaty of Waitangi. The organisation's mission statement and vision are documented and is displayed in the facility. The service has a current business plan and a quality and risk management plan.

Day to day operations are the responsibility of the facility manager who is experienced and suitably qualified. A clinical services manager oversees the clinical and care services. A regional manager supports the facility manager in their role.

A quality and risk management system is in place. Meetings are held that include reporting on various clinical indicators, quality and risk issues, and the review of identified trends. There are human resource policies and procedures that guide practice in relation to recruitment, orientation, and management of staff.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Registered nurses assess residents on admission with input from the resident and/or whānau. The initial care plan guides care and service provision during the first three weeks after the resident's admission.

InterRAI assessments are used to identify residents' needs and these are completed within the required timeframes. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis.

Long term care plans are developed and implemented within the required timeframes. Residents' files reviewed demonstrated evaluations were completed at least six-monthly.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs.

Handovers between shifts guide continuity of care and teamwork is encouraged.

An electronic medication management system is in place. Medications are administered by the registered nurses, enrolled nurses and care givers who have completed current medication competency requirements.

The activity programme is managed by a diversional therapist. The programme provides residents with a variety of individual and group activities and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. Residents and family confirmed satisfaction with meals provided.

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. The building, plant and equipment is fit for purpose and complies with relevant legislation. A reactive and preventative maintenance programme is implemented that includes, but is not limited to, equipment and electrical checks.

Essential security systems are in place to ensure resident safety.

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.

The clinical services manager leads the infection control programme. Infection data is collated, analysed, trended, and reported to the Board. Monthly surveillance data is reported to staff.

There are organisational COVID-19 prevention strategies in place including a COVID-19 pandemic plan. There have been two COVID-19 outbreaks since the last audit which were managed according to internal policy, contract, and legislative requirements. Notifications and debriefing activities were completed as required.

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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint is overseen by the Ultimate Care group clinical lead and by the Madison clinical services manager. Information related to restraint is available at a governance level and to facility staff. Quality meetings include restraint practice.

Staff have completed restraint elimination and safe practice training. On the day of the on-site audit, there was one resident using a restraint. Restraint is only used as a last resort when all other options have been explored.

Staff confirmed a partnership approach with Māori residents regarding restraint and how this would be achieved in practice.

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	18	0	0	3	0	0
Criteria	0	53	0	0	5	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>	FA	<p>The Māori Health Plan states that the recruitment and training of Māori staff will be encouraged. Interview with the facility manager (FM) outlined what strategies are in place to implement this on a day-to-day basis.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	Not Applicable	<p>The Pacific plan is underpinned by Pacific model of care with Ultimate Care Group (UCG) senior staff accessing information from Pacific communities to enhance the Pacific people’s worldview. The Facility Manager (FM) advised that further work is ongoing to ensure a partnership with Pacific communities is formalised.</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>	<p>FA</p>	<p>Policy and practice include ensuring that all residents including any Māori residents right to self-determination is upheld and they can practise their own personal values and beliefs. Staff interviews outlined that the facility supports manaakitanga, providing examples how this is incorporated in everyday practice. The Māori health action plan identifies how UCG responds to Māori cultural needs in relation to health and illness. On day of audit there were residents who identified as Māori residing in the facility.</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>	<p>FA</p>	<p>Interviews and observations evidenced that te reo Māori is supported throughout the facility. Staff receive training in tikanga best practice with established community links in place to provide staff with additional guidance and support if required.</p> <p>Culturally appropriate activities and national celebrations have been introduced such as Matariki, Waitangi Day and participation in Māori language week. Staff interviews outlined that staff are encouraged to learn and use basic te reo Māori phrases. Staff training records and interviews evidenced that staff receive Te Tiriti o Waitangi training.</p> <p>The organisation supports tangata whaikaha with documentation reviewed outlining how staff support with goal setting and achievement within all aspects of service delivery including participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are</p>	<p>FA</p>	<p>Staff, resident, and whānau interviews evidenced that the facility promotes an environment that provides a safe space for all to raise questions or concerns and that discussions are free and open. Staff outlined in discussion that they have not witnessed any evidence of racism but were able to identify what measures they would take</p>

<p>safe and protected from abuse.</p>		<p>should this occur.</p> <p>A review of documentation and interviews with staff evidenced that the organisation has prioritised the introduction and implementation of the Māori model of care Te Whare Tapa Whā across service delivery.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The informed consent policy acknowledges Te Tiriti and the impact of culture and identity of the determinants of the health and wellbeing of Māori residents. It requires health professionals to recognise these as relevant when issues of health care and consent for Māori residents arise. Whanau interview outlined how the facility provided additional support for their relative on admission to the facility to ensure the resident understood all aspects of the process prior to signing the consent form. The FM outlined that the provider could access support within their community should they require specific guidance in relation to tikanga and consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The organisation has a policy and process to manage complaints that is in line with Right 10 of the Code of Health and Disability Service Consumers Rights (the Code). The complaint process is made freely available throughout the facility. The FM outlined that the facility has established links with local iwi who are available to provide support for Māori residents if required to navigate the complaints process.</p> <p>The FM is responsible for managing complaints. There had been six complaints over the 2022/23 period thus far. 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. Evidence relating to the investigation of the complaint is held in the complaints folder. Interview with the FM and review of complaints indicated that complaints are investigated promptly, and issues resolved in a timely manner.</p>

		<p>Resident and whanau interviews evidenced that the complaint process is explained on admission to the facility with free access to the appropriate form if required. Further discussion outlined that the FM is readily available to discuss issues as they arise.</p> <p>The FM advised that there had been no complaints to/from external agencies since the last audit.</p> <p>Interview with FM and review of documentation evidenced that should a complaint relate to clinical issues the FM and clinical services manager (CSM) meet and discuss what is required to investigate the complaint. Once more information has been gathered the CSM takes responsibility to provide clinical oversight for any service improvement work. The previous finding regarding clinical aspects of complaints not always being identified and clinical oversight is now closed (criterion 1.1.13.1 in the 2008 standards).</p> <p>Documentation reviewed and interview with the FM evidenced that when a complaint is received involving a human resource issue the appropriate human resource policy is followed. The previous finding regarding there being no evidence that the human resource policy was followed is now closed (criterion 1.1.13.1 in the 2008 standards).</p> <p>Documentation reviewed and discussion with the FM outlined that complaint outcomes and rationale are shared with staff during staff meetings. The previous finding regarding outcomes and rationale of complaints not always being disclosed at staff meetings is now closed (criterion 1.1.13.1 in the 2008 standards).</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for</p>	<p>FA</p>	<p>Ultimate Care Madison is part of the 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 by the UCG relationship manager (RM). These were described as the core competencies that executive management are required to demonstrate and include understanding of the services obligations under Te Tiriti o Waitangi, health equity, and cultural safety. The organisation continues to prioritise the gathering of current data to inform ongoing work improving health outcomes for tangata whaikaha. There is Māori representation at</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>governance level.</p> <p>The Māori health action plan describes how the organisation will ensure there are no barriers to equitable service delivery with priorities in place to build trusting therapeutic relationships, engage residents and whānau in care delivery and continue to develop and strengthen the education programme for staff in relation to cultural safety.</p> <p>The facility holds contracts with Te Whatu Ora O Te Pae Hauora Ruahine O Tararua Mid Central for hospital, rest home, and respite care. On day of audit there were 26 residents receiving rest home level care, and 19 receiving hospital level care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The executive team reviews and approves the quality and risk management plan annually. The plan outlines the identified internal and external organisational risks and the quality risk framework is utilised to promote continuous quality improvement.</p> <p>The provider follows the UCG National Adverse Event Reporting policy for external and internal reporting. The FM outlined that section 31 notifications are sent weekly to HealthCERT currently whilst staffing levels are not meeting contractual obligations (refer to criteria 2.3.1) and documentation was sighted of the section 31 completed to inform of the clinical services manager (CSM) appointment last year.</p> <p>The organisation's commitment to providing high quality health care and equity for Māori is clearly stated within the Māori health action plan and policy. This includes the provision of appropriate education for all staff, supporting leaders to champion high quality health care and ensuring that resident values contribute to clinical decision making.</p> <p>Interview with the FM and review of previous monthly reports evidenced that a comprehensive range of clinical and operational information is collated and reviewed at facility level to ascertain where there may be service gaps and guide service improvement work required. The information is then analysed by the executive team and board where appropriate to examine organisational practices.</p>

		<p>Review of documentation and discussion with the FM evidenced that outcomes for corrective actions are documented and evaluated prior to sign off with staff informed of evaluations and outcomes. The previous findings regarding outcomes for corrective actions not being documented prior to sign off and staff meetings not fully informing staff of evaluations and outcomes are now closed (criterion 1.2.3.7 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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>Ultimate Care Madison 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. However, the national pandemic, global health workforce shortages and staff turnover have impacted the facility and there were several shifts without a RN on duty. Interviews with residents, whānau, 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 a registered nurse (RN) with some shifts unable to be covered with the full complement of care givers.</p> <p>The FM works 40 hours per week and is available after hours for operational issues. The CSM works 40 hours per week and is available when required after hours for clinical issues. Laundry and cleaning staff are rostered on for part time hours seven days per week. Shift leaders are rostered to cover the shifts without RNs rostered. All shift leaders are senior level four care givers with enrolled nurse or international nurse qualifications who have been supported to complete additional training in assessments skills, emergency management and health and safety. The organisation has implemented an afterhours call system for staff to obtain clinical guidance and support. One RN was interRAI trained and care givers complete the New Zealand Health Qualifications Association (NZQA) Health and Wellbeing Training (level four).</p> <p>Review of staff files evidenced that staff had completed the relevant competencies required for their role. There is an implemented annual training programme relevant to the needs of aged care residents. The FM is responsible for recording the ongoing learning and development for all staff. The organisation ensures the provision of</p>

		<p>opportunities for ongoing development for health care and support workers. Staff interviewed outlined they feel valued by the facility and the organisation.</p> <p>The facility collects both staff and resident ethnicity data regarding Māori health information via the online platform E-case.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<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 the organisations policy is consistently implemented and records are maintained. Recruitment processes include police vetting, reference checks, a signed agreement with a position description.</p> <p>Staff interviewed outlined they had received an orientation that was appropriate to their role with review of staff files providing evidence that this was completed.</p> <p>Records reviewed and discussion with the FM confirmed that information held about staff is kept in a secure location with confidentiality maintained. The provider collects ethnicity data.</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>Ultimate Care Group policies require the collection of entry and decline rates that includes but is not limited to ethnicity; spoken language; interpreter requirements; iwi; hapū; religion; and referring agency. Ethnicity, including Māori, is being collected and analysed.</p> <p>UCG Madison has a process in place if access is declined. It requires that when a person is declined access to the service, they and their whānau, the referring agency, general practitioner (GP) and/or nurse practitioner (NP) are informed of the decline to entry. Alternative services when possible are offered and documentation regarding the reason for declining is in internal files. A person would be declined entry if not within the scope of the service or if a bed was not available. The FM stated that entry had been declined recently for persons who had complex medical needs which could not be met due</p>

		<p>to ongoing registered nurse (RN) staffing issues.</p> <p>The organisation has established relationships with the iwi of the region including local Māori health providers, organisations, individuals, and communities to ensure appropriate support for tāngata whenua. The FM described instances where the service had worked with Māori practitioners for the benefit of residents in the facility.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Resident care plans are developed using an electronic system. RNs are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Initial care plans are developed with the residents/EPOA consent. They are based on data collected during the initial nursing assessments and on information from pre-entry assessments completed by the needs assessment service co-ordination (NASC) or other referral agencies. The assessments include information about, but not limited to, the resident's medical history, pain, nutrition, mobility, skin condition, cultural needs, spiritual wellbeing, and documentation of the resident's life experience. Assessments reviewed had been completed in consultation with the resident and whānau. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>The residents' cultural, spiritual and activities assessments are completed by the diversional therapist (DT) in conjunction with the RN. Information on residents' cultural needs, previous life experiences, interests, whānau, and spiritual needs is gathered during interview with the resident and/or their whānau and documented. Assessments are used to develop the resident's individual pastoral and activity care plan. The residents' activity needs are reviewed six monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>The individualised long term care plans (LTCPs) are developed with information gathered during the initial assessments and from the interRAI assessment. Documented interventions to meet current</p>

	<p>assessed needs are comprehensive however documentation of early warning signs and interventions to meet the resident's needs in the event of a deterioration in their condition requires improvement. Short term care plans are developed for acute problems, for example, infections and weight loss.</p> <p>The GP visits the facility twice a week. The initial medical assessment is completed by the GP within the required timeframe following admission. Residents' reviews by the GP are also completed within required timeframes and/or when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service, that they were informed of concerns in a timely manner and that care was of a high standard. The facility has access to an after-hours service. A physiotherapist visits the facility weekly and reviews all new residents and those referred by the CSM or RNs.</p> <p>Staff interviewed and education records sighted confirmed that staff had completed cultural training. Staff interviewed discussed how they implemented the learnings of tikanga Māori into their practice and provided examples.</p> <p>Resident and whānau interviews confirmed that they were kept informed of any changes, for example, GP visits, changes in medication and incidents. Provision of care reflected in the care plan is consistent with, and contributes to, meeting the residents assessed needs, goals, and aspirations. Support is identified for whānau. Staff discussed service provision to include providing services free from stigma and those which promote acceptance and inclusion.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are commenced following all unwitnessed falls however the timeliness of recording neurological observations requires improvement. Any changes in the resident's condition are documented. Clinical records sampled confirmed that where changes had occurred this had been documented appropriately. Interviews with medical and nursing staff confirmed the</p>
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		<p>processes was undertaken consistently.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations include the degree of achievement towards meeting desired goals and outcomes. The clinical records sampled demonstrated that reviews of the resident care were ongoing. Short term care plans are reviewed regularly and signed off when the problem is resolved. Handover meetings between each shift ensure residents progress towards meeting identified goals were discussed. Where progress was different from that expected, changes to the resident's care plan were made and actions implemented. This was verified in clinical files reviewed and during staff and resident interviews.</p> <p>Ultimate Care Group has developed policies and procedures in conjunction with the other relevant services and organisations to support tāngata whaikaha. These services and organisations had representation from tāngata whaikaha. Interviews with staff confirmed that staff were able to facilitate tāngata whaikaha access to information should this be required.</p> <p>Staff discussed the use of the Māori Health Care Plan and their understanding of support required for Māori and whānau to identify their own pae ora outcomes in their care or support plan, how these could be achieved and documented if required.</p>
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<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>On admission the DT discusses with the resident and whānau their cultural and spiritual requirements, these are documented.</p> <p>The Madison activity programme is culturally diverse and tailored to the needs of the residents. Whānau participation in the programme is encouraged. A cultural week is held every three months, this involves staff from different cultures sharing aspects of their culture with other staff and residents. On a regular basis community groups are also invited to the facility to spend time with residents and to assist residents to participate in a variety of cultural activities, for example, Māori and Samoan music and singing, sharing food, craft work and cultural celebrations, for example, Matariki.</p> <p>Staff interviewed confirmed that they have completed cultural awareness education and that they have in the past supported residents who identify as Māori to spend time in the community with their whānau when desired. Staff interviewed confirmed that the involvement of Māori and Pacific whanau in the delivery of services is encouraged when there are Māori and Pacific residents in residence.</p> <p>Regular resident meetings are held and include discussion around activities. The DT interviewed confirmed that activities were resident driven. The residents and whānau reported satisfaction with the activities provided. Over the course of the audit residents were observed engaging and enjoying a variety of activities including an outing into the community.</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>PA Moderate</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. The required three-monthly reviews by the GP were recorded electronically. Residents' allergy and sensitivity status is documented in the residents electronic file however documentation of allergy and sensitivity status on the electronic medication chart requires improvement.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. Stock medications are</p>

		<p>used for hospital residents only. Stock medications were sighted and were within current use by dates and stored correctly however recording of the medication refrigerator temperatures and medication room temperatures requires improvement. A system is in place for returning expired or unwanted medication to the contracted pharmacy.</p> <p>Controlled medications are stored securely in accordance with requirements. Controlled medications are checked by two staff for accuracy in administration. Weekly checks of medications and six monthly stocktakes are conducted in line with policy and legislation.</p> <p>The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The RN oversees the use of all as required medicines and documentation made regarding effectiveness was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the CSM or RN. Medication information for residents and whānau can be accessed from the pharmacy or Medsafe website as needed. There were no residents self-administering medication on the day of the audit. In the event that a resident was to self-administer medications there is policy in place to guide the process. There were no standing orders in place.</p> <p>The UCG medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with, and approved by, a medical practitioner. Interview with the GP, CSM and RN 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 whānau. This was evidenced on review of the medication charts.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements, allergies / sensitivities, and preferences. The nutritional profiles are</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>communicated to the kitchen staff and updated when a resident’s dietary needs change. Diets are modified as needed and the cook confirmed awareness of the dietary needs, allergies/ sensitivities, likes and dislikes and dietary cultural needs of residents. These are accommodated in daily meal planning.</p> <p>The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been approved by a New Zealand registered dietician, with the winter menu implemented at the time of audit. The Food Control Plan expiry date is June 2024.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents’ meetings and in the annual residents’ survey. For Māori residents’ information would be gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan. There are opportunities for Māori residents to request food culturally specific to te ao Māori and this was confirmed at interview with the supervising cook.</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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There are policies and processes that guide the transition, transfer, and discharge of residents. Staff interviewed were aware of the procedures required and discussed these during the onsite audit.</p> <p>Documentation reviewed evidenced that transition, exit, discharge, or transfer is managed with consultation with residents and whānau in a planned and coordinated manner and includes information on current needs. The transfer form is generated by the electronic system and includes risk management information.</p> <p>The service facilitates access to other medical and non-medical services. Residents and/or whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies if indicated or requested.</p> <p>Interviews with the FM and RN and review of residents’ files confirmed there is open communication between services, the resident, and the whānau. Relevant information is documented and</p>

		communicated to health providers. The facility uses the 'pink envelope' system for transfers to another service or facility.
<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>	FA	<p>A current building warrant of fitness (BWOFF) is displayed in the entrance to the facility. Buildings, plant, and equipment comply with relevant legislation.</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.</p> <p>Staff interview confirmed that in the event of additions to the facility Māori consultation and co-design would be accessed with the support of UCG head office, staff, and linkages in place with local iwi and Māori organisations.</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 plan was sighted. Security systems were in place to ensure the protection of residents, staff, and visitors. These include all visitors signing in and out, staff wearing the organisation uniform with name badges, security lighting and the facility being locked in the evening with restricted entry to the building after hours.</p> <p>Information is clearly displayed throughout the facility to guide visitors of action to take in the event of an emergency. Whānau interviewed outlined that they were informed about security/emergency arrangements in place at the facility during the admission process for their relative. Documentation was sighted that evidenced that staff complete emergency evacuation drills at least six monthly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	<p>UC Madison have a pandemic response plan in place which is reviewed and tested at regular intervals.</p> <p>Infection prevention and control resources including personal</p>

<p>policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>protective equipment (PPE) were available should a resident infection or outbreak occur. Observation confirmed these were appropriately used including masks, aprons, and gloves. There are ample reserves onsite and a system and process in place if additional stock is required. The infection prevention and control nurse (IPCN) has responsibility for purchasing equipment/resources for infection prevention in collaboration with the national office.</p> <p>Educational resources in te reo Māori can be accessed online if needed. All residents are included and participate in infection prevention (IP). All staff are trained in cultural safety.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance undertaken is detailed in the infection prevention and control programme. This includes monitoring positive results for infections and outbreaks as well as the inclusion of ethnicity data. Standard surveillance definitions, purpose and methodology are described in the UCG surveillance policy in use at the facility. The IPCN uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Culturally safe communication processes are outlined within the Māori Health Plan when required for residents with healthcare associated infections (HAI).</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>There are policies, procedures, systems, processes in place to guide practice related to the use of restraint. The organisation has a restraint philosophy aimed towards a restraint free environment. All restraint practice is managed through an established process consistently across all Ultimate Care Group facilities.</p> <p>When restraint is considered at facility level, the decision-making escalation process requires input from the national restraint team including the lead clinician. Staff interviews including members of the restraint team confirmed the organisations approach to the elimination of restraint and management of behavioural challenges through alternative means. Falls risks were highlighted as part of this</p>

		<p>approach and outcomes considered along with other alternatives. The safety of residents and staff is always considered by the restraint team, and this was discussed.</p> <p>Records confirmed the completion of restraint minimisation and safe restraint use training with annual updates completed. Staff reported they were trained and competent to manage challenging behaviour, documentation confirmed this.</p> <p>Staff interviewed, confirmed the processes that are required for Māori residents when considering restraint or if restraint practice is implemented. Discussion included staff commitment to ensuring the voice of people with lived experience, Māori and whānau, would be evident on any restraint oversight group, and how this would be achieved through onsite Māori staff and/or community support.</p> <p>Executive leaders receive restraint reports monthly alongside aggregated restraint data, including the type and frequency of restraint if restraint has occurred. This forms part of the regular Reflection Report to the Board.</p> <p>At UC Madison one resident is using restraint (chair support brief). Review of documentation, observation and interview with staff confirmed that restraint processes are in line with UCG restraint minimisation requirements.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<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>	PA Moderate	<p>Due to the effects of the national pandemic, global health workforce shortages and staff turnover the provider does not meet the requirements of the aged residential care (ARRC) services agreement with Te Whatu Ora for 24/7 registered nurse cover. UCG have implemented risk mitigation strategies including supporting their senior shift leaders to upskill, provision of afterhours phone support operated by senior UCG clinical staff, the FM and CSM operating an on-call roster, and medical support available after hours. A recruitment campaign is ongoing for registered nurses and care givers.</p>	<p>There were several shifts that did not have a RN on duty.</p>	<p>The provider is to ensure there are always sufficient RNs on duty to meet the agreed residential care services agreement with Te Whatu Ora and provide culturally and clinically safe services.</p> <p>180 days</p>
<p>Criterion 3.2.3</p>	PA	<p>Documented interventions to meet current</p>	<p>Early warning signs</p>	<p>Ensure that early warning</p>

<p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>	<p>Moderate</p>	<p>assessed needs are comprehensive however documentation of early warning signs and interventions to meet the resident's needs in the event of a deterioration in their condition requires improvement. Review of five resident files demonstrated that no early warning signs or interventions were documented for a resident who had had a previous episode of choking or for those residents who had a diagnosis of diabetes, epilepsy, or chronic obstructive respiratory disease in anticipation of a deterioration in their health.</p>	<p>and risks that may adversely affect a person's wellbeing were not recorded.</p>	<p>signs and risks that may adversely affect a person's wellbeing are recorded in sufficient detail to guide resident care in the event of a deterioration in their condition.</p> <p>180 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p>	<p>PA Moderate</p>	<p>Neurological observations are commenced following all unwitnessed falls however the timeliness of recording</p>	<p>Monitoring of neurological observations following</p>	<p>Ensure that neurological observations are carried out in accordance with</p>

<p>(a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>neurological observations requires improvement. In four out of four files reviewed where a resident had sustained an unwitnessed fall, neurological observations had been commenced, however, the frequency of observations were not maintained according to UCG policy or best practice. Five sets of neurological observations were reviewed and for all five observations had been recorded every half hour for the first two hours, however, ongoing observations were not recorded in the required frequency. Observations were not carried out for periods of 12 hours, 8 hours for two residents and 10 hours for a resident had sustained a head injury. Review evidenced that the observations for one resident had been recorded only five times in the 72-hour period.</p>	<p>all unwitnessed falls is inconsistent and is not in accordance with UCG policy or best practice.</p>	<p>UCG policy and best practice. 180 days</p>
<p>Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>All medications stored in the medication room were within their expiry dates however the temperature of the medication room and medication fridge is recorded inconsistently. The maintenance person is responsible for all temperature monitoring within the facility however when they are not on duty temperature monitoring of the medication room and the medication fridge does not occur.</p>	<p>Monitoring of medication room and medication fridge temperatures is inconsistent.</p>	<p>Ensure that monitoring of the medication room and medication fridge is conducted in line with UCG policy. 30 days</p>
<p>Criterion 3.4.4 A process shall be implemented to identify, record, and communicate</p>	<p>PA Moderate</p>	<p>Allergy and sensitivity is recorded in the residents’ electronic record however recording of allergy and sensitivity status</p>	<p>Recording of allergy and sensitivity status on the electronic</p>	<p>Ensure allergy and sensitivity status is recorded on the electronic</p>

<p>people's medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>		<p>on the electronic medication chart is inconsistent. In five out of ten medication charts reviewed the residents' allergy and sensitivity status was not recorded.</p>	<p>medication chart is inconsistent.</p>	<p>medication chart. 30 days</p>
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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

End of the report.