

The Ultimate Care Group Limited - Ultimate Care Rose Lodge

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 Rose Lodge
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 June 2023 End date: 29 June 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:	26

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ultimate Care Rose Lodge is part of Ultimate Care Group Limited. It is certified to provide services for up to 30 residents requiring rest home or hospital level care. On the day of audit 26 beds were occupied. The facility is managed by a facility manager and a clinical services manager. These roles have been appointed since the last audit.

The surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS8134:2021 and the service contracts with Te Whatu Ora – Southern.

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

Previous areas identified as requiring improvement related to advocacy services, human resource processes, post fall management, general practitioner exemption visits documentation, pharmacy stocktakes, management of medication room temperatures, food hygiene certificates, chemical management, and provision of a fire evacuation scheme are now fully attained.

Previous areas identified as requiring improvement related to quality and risk management, and registered nurse cover requirements remain open.

Additional areas requiring improvement relate to complaint management and buildings, plant, and equipment.

Ō tatou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Staff received training in Te Tiriti o Waitangi which was reflected in service delivery. Care was provided in a way that focused on the individual and considered values, beliefs, culture, religion, sexual orientation, and relationship status.

Policies were implemented to support residents’ rights, communication, and protection from abuse. The service had a culture of open disclosure.

Care plans accommodated the choices of residents and their whānau.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Ultimate Care Group Limited was the governing body responsible for the services provided at this facility and understood their responsibilities to the Te Tiriti o Waitangi. The organisation's mission statement and vision were documented and displayed. The service had a current business plan and a quality and risk management plan.

A facility manager ensured the management of the facility. A clinical services manager oversaw the clinical and care services. A regional manager supported the facility manager in their role.

At the time this audit was undertaken there was a significant national health workforce shortage. Findings in this audit related to staff shortages should be read in context of this national shortage.

Quality and risk management systems were in place. Meetings were held that included reporting on various clinical indicators, quality and risk issues, and the review of identified trends. There were human resource policies and procedures that guided 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.		Subsections applicable to this service fully attained.
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Registered nurses assessed residents on admission with input from the resident and/or whānau. The initial care plan guided care and service provision during the first three weeks after the resident's admission.

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

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

Residents who identified as Māori had their needs met in a manner that respected their cultural values and beliefs.

Handovers between shifts guided continuity of care and teamwork was encouraged.

The activity programme was managed by an activity coordinator. The programme provided residents with a variety of individual and group activities and maintained their links with the community.

An electronic medication management system was in place. Medications were administered by the registered nurses, and care givers who had completed current medication competency requirements.

The food service met the nutritional needs of the residents. All meals were 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.		Some subsections applicable to this service partially attained and of low risk.
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There was a current building warrant of fitness. The building, plant, and equipment was fit for purpose and complied with relevant legislation. A reactive and preventative maintenance schedule was implemented that included but was not limited to, equipment and electrical checks.

Essential security systems were 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 led the infection control programme. Organisational COVID-19 prevention strategies were in place including a COVID-19 pandemic plan. Two COVID-19 outbreaks had occurred since the last audit, these were managed according to internal policy, contract, and reporting requirements. Infection data was collated, analysed, trended, and reported to the Board. Monthly surveillance data was reported to staff.

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 were in place. Restraint was overseen by the Ultimate Care group clinical lead and by the Rose Lodge clinical services manager. Information related to restraint was available at a governance level and to facility staff. Quality meetings included restraint practice.

Staff had completed restraint elimination and safe practice training. On the day of the on-site audit, there were no residents using restraint. Restraint was only used as a last resort when all other options had 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	2	2	0	0
Criteria	0	59	0	2	2	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<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 stated that the recruitment and retainment of Māori staff will be encouraged. Interview with the facility manager (FM) outlined what strategies were in place to implement this on a day-to-day basis.</p> <p>The facility has Māori staff members.</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 was underpinned by a Pacific model of care with Ultimate Care Group (UCG) senior staff accessing information from Pacific communities to enhance the Pacific people’s worldview. The FM advised that further work was required to ensure a partnership with Pacific communities was secured.</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 included ensuring that all residents including any Māori residents right to self-determination was upheld and they could practise their own personal values and beliefs. Staff interviews outlined that the facility supported residents to retain independence and gave examples of how these transitioned to resident care delivery. The Māori health plan identified how UCG responded 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>Information provided to residents on admission included what role resident advocates provide. Posters on notice boards visible throughout the facility outlined the role of a resident's advocate, and who the resident advocates were with contact details. Additional contact details were supplied for support for Māori via the local Marae, and the local citizens advice bureau (CAB). Staff interviewed stated they were aware of the purpose of the resident advocate role and how to contact them when required. The previous finding relating to advocacy and support is now closed (criterion 1.1.11.1 in the 2008 standards).</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 was supported throughout the facility. Staff received training in tikanga best practice and were able to outline examples of Māori customary practices in relation to healthcare.</p> <p>The facility partakes in national celebrations such as Matariki, and Waitangi Day. Staff interviews outlined that staff were encouraged to learn basic te reo Māori phrases. Staff training records and interviews evidenced that staff received Te Tiriti o Waitangi training.</p> <p>The organisation supported tangata whaikaha with documentation outlining how staff support with resident goal setting and achievement within all aspects of service delivery including</p>

		participation in te ao Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff, resident, and whānau interviews evidenced that the facility promoted an environment that provided a safe space for all to raise questions or concerns and that discussions were free and open. Staff complete abuse and neglect training as part of their orientation. Staff outlined that they had not witnessed any evidence of racism but were able to identify what measures they would take should this occur.</p> <p>A review of documentation and interviews with staff evidenced that the organisation had prioritised the introduction and implementation of the Māori model of care Te Whare Tapa Wha 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. 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. 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 outlined the need to follow and acknowledge Te Tiriti o Waitangi and ensure that services provided were easy to access and navigate. Health professionals were required to recognise the relevance of the principles of partnership, participation, and protection when issues of health care and consent for Māori residents arose. Resident interview outlined how the facility provided additional support for them and their whānau to ensure all aspects of the admission process were understood prior to signing the consent form. The FM outlined that support could be obtained from the 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. Te Tiriti: Māori and whānau are at the centre of the health and</p>	PA Moderate	<p>The organisation had policy and process in place to manage complaints that was in line with Right 10 of the Code of Health and Disability Service Consumers Rights (the Code). The complaint process was made freely available throughout the facility. The FM outlined that the facility could access support for Māori residents</p>

<p>disability system, as active partners in improving the system and their care and support. 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>from the local marae to navigate the complaints process when required. Resident and whānau interviews evidenced that the complaint process was explained on admission to the facility with free access to the appropriate form if required.</p> <p>There had been two complaints over the 2022/23 period thus far. Interview with the FM and review of documentation evidenced that the UCG complaints policy and process was not fully implemented as required.</p> <p>The FM advised there had been no complaints to/from external agencies since April 2022.</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 Rose Lodge was part of the UCG with the executive team providing direction to the service. The UCG governance body understood their obligation to comply with Ngā Paerewa NZS8134:2021 as confirmed by the UCG relationship manager (RM). The executive management team were committed to prioritising the core competencies they were required to demonstrate including understanding the service obligations under Te Tiriti o Waitangi, health equity, and cultural safety. The organisation continued to focus on ensuring services provided ensure tangata whaikaha had capacity to access services and lead meaningful lives.</p> <p>The Māori health plan described how the organisation will ensure there were no barriers to equitable service delivery with priorities in place to build trusting 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 – Southern for hospital, rest home and respite care. On day of audit there were two residents receiving hospital level care, 22 receiving rest home level care, and two receiving respite care.</p>
<p>Subsection 2.2: Quality and risk</p>	<p>PA Low</p>	<p>The executive team reviewed and approved the 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>management plan annually. The plan outlined the identified internal and external organisational risks and the quality framework utilised to promote continuous quality improvement.</p> <p>The facility followed the UCG National Adverse Event Reporting policy for external and internal reporting. The FM outlined that section 31 notifications were sent weekly to HealthCERT whilst staffing levels were not meeting contractual obligations (refer to criteria 2.3.1). Documentation was sighted of the section 31 forms completed to inform of the facility manager and clinical services manager (CSM) appointments last year.</p> <p>The organisation's commitment to providing high quality health care and equity for Māori was stated within the Māori health plan and policy. This included the provision of appropriate education for all staff, supporting leaders to champion high quality health care and ensuring that resident values contributed to service delivery.</p> <p>Interview with the FM and CSM and review of previous monthly reports evidenced that a comprehensive range of clinical and operational information was collated and reviewed at facility level to ascertain where there may be service gaps and guide service improvement work required. The information was then analysed by the executive team and board where appropriate to examine organisational practices.</p> <p>Review of documentation including staff meeting minutes and discussion with FM evidenced that corrective actions were not always documented and evaluated prior to sign off nor were staff informed of evaluations and outcomes. The previous finding remains open (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 Rose Lodge policy included the rationale for staff rostering and skill mix. This included a facility managers' roster allocation tool to ensure staffing levels were maintained at a safe level. However, the global pandemic, global health workforce shortages and staff turnover had impacted and there were several shifts without a registered nurse (RN) on duty with some shifts unable to be covered with the full complement of care givers.</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>Interviews with staff, and residents confirmed that some shifts were short of staff. This was a recurring finding however UCG had ensured that significant work had been completed to mitigate the risk which included:</p> <p>The senior leadership team had been increased from one to two managers overseeing clinical and operational areas of the facility.</p> <p>Both managers participated in an after-hours on-call roster providing support for staff for clinical and operational issues.</p> <p>The shift leaders who provided cover in the absence of a RN had been upskilled in assessment skills, health and safety and emergency management.</p> <p>The facility had reduced the number of residents requiring hospital level care and will continue to admit only residents assessed at rest home level care until RN numbers had increased.</p> <p>The FM worked 40 hours per week and was available after hours for operational issues. The CSM worked 40 hours and was available after hours for clinical issues. Laundry and cleaning staff were rostered for part time hours seven days per week. Staffing levels when the facility was fully staffed comprised of one RN per morning shift, and three care givers, the afternoon shift one registered nurse and three care givers with the night shift comprised of one RN and one care giver. Currently shift leaders were rostered to cover the shifts without an RN rostered. All shift leaders were senior care givers who had been supported to complete additional training in assessment skills, emergency management and health and safety. Two RNs were interRAI trained and care givers completed 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 was an implemented annual training programme relevant to the needs of aged care residents. The CSM was responsible for recording the ongoing learning and development of staff in tandem with the FM. The organisation ensured the provision of opportunities for ongoing development for health care and support workers. Staff interviewed outlined they were supported to upskill and maintain competency</p>
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		<p>and felt valued as employees.</p> <p>The organisation has implemented electronic documentation systems to enhance access, accuracy, and sharing of health information pertaining to Māori.</p> <p>The previous finding relating to RN cover remains open (criterion 1.2.8.1 in the 2008 standard).</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 followed policies and processes which adhered to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed the organisation's policy was consistently implemented and records were maintained. Recruitment processes included police vetting, reference checks, and the FM taking the responsibility to validate professional qualifications</p> <p>Staff interviewed outlined they had received an orientation that was appropriate to their role with review of staff records providing evidence this was completed.</p> <p>Records reviewed and discussion with the FM confirmed that information held about staff was kept in a secure location with confidentiality maintained. The organisation utilised a standardised process for the collection of ethnicity data to ensure accuracy.</p> <p>Staff interviewed and review of staff records evidenced that staff appraisals had been completed as per policy and were included in staff records alongside of evidence of organisation and facility orientation having been completed. The previous finding regarding human resource management is now closed (criterion 1.2.7.2 in the 2008 standards).</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>	FA	<p>Policies required the collection of entry and decline rates that included but was not limited to ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Ethnicity, including Māori, was being collected and analysed.</p>

<p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>Rose Lodge had a process in place if access was declined. It required that when a person was declined access to the service, they and their whānau, the referring agency, general practitioner (GP) and/or nurse practitioner (NP) were informed of the decline. Alternative services when possible were offered and documentation regarding the reason for declining was 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 to ongoing registered nurse (RN) staffing issues.</p> <p>Interview with staff and review of documentation evidenced that Rose Lodge had established relationships with the iwi of the region to ensure appropriate support for tāngata whenua.</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>FA</p>	<p>Resident care plans were developed using an electronic system. Registered nurses were responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Initial care plans were developed with the residents/EPOA consent. They were 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 included information about, but not limited to, the resident's medical history, pain, nutrition, mobility, and skin condition. Assessments reviewed had been completed in consultation with the resident and whānau. Residents interviewed confirmed assessments were completed according to their needs and in the privacy of their bedrooms.</p> <p>The residents' cultural, spiritual and activities assessments were completed by the activity co-ordinator in conjunction with the RN. Information on residents' cultural needs, previous life experiences, interests, whānau, and spiritual needs was gathered during interview with the resident and/or their whānau. Assessments were used to develop the resident's individual pastoral and activity care plans. The residents' activity needs were reviewed six monthly at the same time as the care plans and were part of the formal six-monthly</p>

	<p>multidisciplinary review process.</p> <p>The individualised long term care plans (LTCPs) were developed with information gathered during the initial assessments and from the interRAI assessment. Documented interventions and early warning signs addressed the residents' assessed needs. Short term care plans were developed for acute problems, for example, infections or post-surgery care.</p> <p>The initial medical assessment was completed by the GP or NP within the required timeframe following admission. Residents' reviews by the GP/NP were also completed within required timeframes and when their health status changed. There was documented evidence of the exemption from monthly GP visits when the resident's condition was considered stable. The previous finding regarding exemption from monthly GP visits not being documented is now closed (criterion 1.3.6.1 in the 2008 standards). 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 good standard. The facility had access to an after-hours service. A physiotherapist was available to visit residents 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 was consistent with, and contributed to, meeting the residents assessed needs, goals, and aspirations. Support was identified for whānau. Staff discussed service provision to include providing services free from stigma and those which promoted acceptance and inclusion.</p> <p>Nursing progress notes were recorded and maintained. Monthly observations such as weight and blood pressure were completed and up to date. Neurological observations were recorded following all unwitnessed falls. The previous finding regarding neurological</p>
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		<p>observations not being documented according to UCG policy is now closed (criterion 1.3.6.1 in the 2008 standards).</p> <p>Policies and protocols were in place to ensure continuity of service delivery. Staff interviews confirmed they were familiar with the needs of all residents in the facility and that they had access to the supplies and products they required. There was evidence of wound care products available. The review of 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 was evaluated on each shift and reported at handover and in the progress notes. If any change was noted, it was reported to the RN. Long term care plans were formally evaluated every six months in conjunction with the interRAI re-assessments and when there was a change in the resident's condition. Evaluations included the degree of achievement towards meeting desired goals and outcomes. Clinical records sampled demonstrated that reviews of the resident care were ongoing. Short term care plans were reviewed regularly and signed off when the problem was resolved. Handover meetings between each shift ensured 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 are achieved and documented.</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. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>On admission the activity co-ordinator discussed with the resident and whānau their cultural and spiritual requirements, these were documented.</p> <p>The Rose Lodge activity programme was culturally diverse and tailored to the needs of the residents. Whānau participation in the programme was encouraged. Celebrations of Waitangi Day were held which included making of a korowai. Te reo Māori was promoted by a Māori resident. A month of activities around Matariki was planned. Poi was used in the exercise programme and armchair travel was an ongoing part of the programme. Church services were held monthly.</p> <p>Staff interviewed confirmed that they had completed cultural awareness education and confirmed that the involvement of Māori in the delivery of services was encouraged.</p> <p>Regular resident meetings were held and included discussion around activities. The activity co-ordinator interviewed confirmed that activities were resident driven. The residents and whānau reported satisfaction with the activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A current medication management policy identified 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. Prescribing practices were in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded electronically. Resident allergies and sensitivities were documented on the electronic medication chart and in the resident's electronic record.</p> <p>The service used pharmacy pre-packaged medicines that were checked by an RN on delivery. Stock medication was available only for hospital level residents. Stock medications were within current use by dates. A system was in place for returning expired or unwanted medication. The medication refrigerator temperatures and medication room temperatures were monitored as per UCG policy</p>

	<p>and were within the required range. The previous finding regarding monitoring and regulation of the medication room temperature is now closed (criterion 1.3.12.1 in the 2008 standards).</p> <p>Controlled medications were stored securely in accordance with requirements. Controlled medications were checked by two staff for accuracy in administration. Weekly checks of medications and six monthly stocktakes were conducted in line with policy and legislation. The previous finding regarding six monthly pharmacy stocktakes not being completed is now closed (criterion 1.3.6.1 in the 2008 standards).</p> <p>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. Registered nurses oversaw 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 occurred on a one-to-one basis by the CSM or RN. Medication information for residents and whānau could be accessed from the pharmacy or Medsafe website as needed.</p> <p>One resident was self-administering medication on the day of the audit. The resident's clinical file was reviewed, and the resident interviewed. Self-administration of medication was managed as per UCG policy. The resident confirmed satisfaction with the self-administration process.</p> <p>There were no standing orders in place.</p> <p>The UCG medication policy described 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 and CSM 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>
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<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>A nutritional assessment was undertaken by a RN for each resident on admission to identify the residents' dietary requirements, allergies / sensitivities, and preferences. The nutritional profiles were communicated to the kitchen staff and updated when a resident's dietary needs changed. Diets were modified as needed and the cook confirmed awareness of the dietary needs, allergies/ sensitivities, likes and dislikes and dietary cultural needs of residents. These were accommodated in daily meal planning.</p> <p>The food service was provided in line with recognised nutritional guidelines for older people. The seasonal menu had been approved by a New Zealand registered dietician, with the winter menu implemented at the time of audit. The Food Control Plan expiry date was November 2023. Staff responsible for preparing and serving food had food hygiene certificates. The previous finding regarding kitchen staff not having food hygiene certificates is now closed (criterion 1.3.13.5 in the 2008 standards).</p> <p>Discussion and feedback on the menu and food provided was sought at the residents' meetings, in the annual residents' survey and informally by the cook at mealtimes. For Māori residents' information was gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan. Māori residents could request food culturally specific to te ao Māori and this was confirmed at interview with the residents and 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.</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</p>	<p>FA</p>	<p>Policies and processes 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 was managed with consultation with residents and whānau in a planned and coordinated manner and included information on current needs. The transfer/discharge documentation was generated by the electronic system and included, but was not</p>

<p>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>limited to, risk management information, a summary care plan and medication chart.</p> <p>The service facilitated access to other medical and non-medical services. Residents and/or whānau were advised of options to access other health and disability services and social support or Kaupapa Māori agencies if indicated or requested. The facility used the 'yellow envelope' system for transfers to another service or facility.</p> <p>Interviews with the CSM and review of residents' files confirmed there was open communication between services, the resident, and the whānau. Relevant information was documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well 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>PA Low</p>	<p>A building warrant of fitness was displayed and was current to 17 February 2024. Buildings, plant, and equipment complied with legislation relevant to the health and disability service being provided. However, resident bedrooms were small with no dedicated area available for residents/whānau to meet with their visitors in private.</p> <p>The facility had a preventative and reactive maintenance schedule in place. This included monthly maintenance checks of all specified areas and equipment such as hoists and call bells. Staff identified maintenance issues on an electronic system or within a hard copy maintenance book. Staff interviews confirmed an 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 the local marae.</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</p>	<p>FA</p>	<p>An approved fire evacuation plan was sighted. Security systems were in place to ensure the protection of residents, staff, and visitors. These included all visitors signing in and out, staff wearing the organisation uniform with name badges, security lighting and the</p>

<p>and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>facility being locked in the evening with restricted entry after hours.</p> <p>Information was clearly displayed throughout the facility to guide visitors of action to take in the event of an emergency. Whānau interviewed outlined they had been informed of security/emergency arrangements in place. Documentation was sighted that evidenced staff completed emergency evacuation drills at least six monthly.</p> <p>The previous finding regarding the facility does not have a current approved fire evacuation plan is now closed (criterion 1.4.7.1 in the 2008 standards).</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The CSM is the infection prevention and control nurse (IPCN) and had completed training for the role.</p> <p>UC Rose Lodge had a pandemic response plan in place which was reviewed and tested at regular intervals. There had been two outbreaks of COVID-19 since the previous audit. Documentation reviewed and interviews with the IPCN and the UCG regional clinical lead confirmed these were managed to meet policy and contract requirements.</p> <p>Infection prevention and control resources including personal protective equipment (PPE) were available should a resident infection or outbreak occur. Observation confirmed these were appropriately used including masks, aprons, and gloves. There were ample reserves onsite and a system and process in place if additional stock was required. The infection prevention and control nurse (IPCN) had responsibility for purchasing equipment/resources for infection prevention in collaboration with the national office.</p> <p>Educational resources in te reo Māori could be accessed online if needed.</p> <p>All residents were included and participated in infection prevention (IP), this included regular education about hand washing and the requirement to stay in their room if unwell. Infection control was discussed at the residents' meetings.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance undertaken was detailed in the infection prevention and control programme. This included monitoring positive results for infections and outbreaks as well as the inclusion of ethnicity data. Standard surveillance definitions, purpose and methodology were described in the UCG surveillance policy. The ICPN used the information obtained through surveillance to determine infection control activities, resources, and education needs. Senior management report surveillance results and analysis to the board. Reporting back to the facility occurs via the reflection report.</p> <p>For residents with healthcare associated infections (HAIs), communication processes about the infection that were culturally safe were described within the Māori Health Plan, staff were familiar with the plan and had been trained in cultural safety.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>Cleaning duties and procedures were documented to ensure correct cleaning processes occurred. Cleaning products were dispensed from an in-line system according to the cleaning procedure. There were designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Housekeeping personnel interviewed were aware of the requirement to keep chemicals in the locked drawer of the cleaning trolley and to keep their cleaning trolleys in sight. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. The previous finding regarding chemical safety is now closed (criterion 1.4.6.3 in the 2008 standards).</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</p>	<p>FA</p>	<p>There were policies, procedures, systems, processes in place to guide practice related to the use of restraint. The organisation had a restraint philosophy aimed towards a restraint free environment. All restraint practice was managed through an established process consistently across all Ultimate Care Group facilities.</p> <p>When restraint was considered at facility level, the decision-making escalation process required input from the national restraint team</p>

<p>restraint in the context of aiming for elimination.</p>		<p>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 approach and outcomes considered along with other alternatives. The safety of residents and staff was 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 were required for Māori residents when considering restraint or if restraint practice was implemented. Discussion included staff commitment to ensuring the voice of people with lived experience. There were processes in place to ensure Māori/whānau oversight was provided.</p> <p>Executive leaders received restraint reports monthly alongside aggregated restraint data, including the type and frequency of restraint if restraint had occurred. This formed part of regular reporting to the board.</p> <p>There were no residents using restraint during the audit.</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)
Criterion 1.8.1 My right to make a complaint shall be understood, respected, and upheld by my service provider.	PA Moderate	There was a complaints policy and procedure in place that guided the process. However, the complaints process was not followed and did not demonstrate the date the complaint was received, name of complainant, date the complaint was responded to, and the date of resolution.	The manner in which complaints are managed did not meet the UCG policy/procedure.	Ensure a complaints register is created that captures all information required and demonstrates that required timeframes are met 90 days
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	PA Low	Review of meeting minutes and discussion with staff evidenced that the process for the management of corrective actions was not consistently followed.	Outcomes for corrective actions were not documented or evaluated prior to sign off nor were staff informed of outcomes.	Ensure all corrective actions are documented, evaluated prior to sign off and staff notified of the outcome. 60 days
Criterion 2.3.1 Service providers shall	PA Moderate	Due to the effects of the global pandemic, global health workforce shortages and staff	Not all shifts had a RN rostered on duty or a full	The facility is to ensure there are sufficient RNs and/or care

<p>ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>		<p>turnover the facility did not meet the requirements of the aged residential care (ARRC) services agreement with Te Whatu Ora for twenty-four-hour RN cover. UCG had implemented risk mitigation strategies including supporting their senior care givers to upskill, and the FM and CSM being available after hours for operational and clinical support.</p>	<p>complement of care givers.</p>	<p>givers on duty to meet the aged residential care services agreement with Te Whatu Ora and to ensure the provision of safe clinical services.</p> <p>180 days</p>
<p>Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>Interview with the FM and observations evidenced that resident bedrooms were small with no dedicated area where residents could meet with their whānau/visitors in private.</p>	<p>There was no provision of a dedicated space for residents and their whānau/visitors that was private and large enough to accommodate groups.</p>	<p>Ensure the provision of a dedicated space for residents that provides privacy and meets the cultural safety needs of Māori residents and their whānau/visitors.</p> <p>180 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

End of the report.