

The Ultimate Care Group Limited - Ultimate Care Oakland

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 Oakland
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 25 July 2023 End date: 26 July 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:	72

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 Oakland was part of Ultimate Care Group Limited. It was certified to provide services for up to 90 residents requiring residential disability (physical and intellectual), rest home, and hospital (geriatric and medical) level care. On the day of audit 72 beds were occupied. The facility was managed by a facility manager and a clinical services manager. These roles had been appointed since the last audit.

HealthCERT had requested comments under three standards related to adverse event management, care plan assessment, and call system availability for a complaint investigation that remained open.

The surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS8134:2021 and the service contracts with Te Whatu Ora – Hauora a Toi Bay of Plenty.

The audit process included review of policies and procedures, review of resident and staff files, observations, and interviews with whānau, residents, management, staff, the national relationships manager for Ultimate Care Group, and a nurse practitioner, plus follow up on areas of non-conformance.

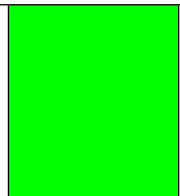
Previous areas identified as requiring improvement related to quality and risk management systems, food services, waste/hazardous substances management, facility specifications, and emergency management are now fully attained.

Areas requiring improvement buildings, plant, and equipment and environment are partially closed.

The previous area identified as requiring improvement related to medicine management remains open.

There were no other additional areas identified as requiring improvement.

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.
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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

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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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 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.

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 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.		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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Ultimate Care Oakland had an implemented model of care that ensured holistic resident centred care was provided. Resident assessments informed care-plan development. Care-plans were developed with input from the resident and the family/whānau. The care-plan interventions contributed to achieving the resident's goals. Review of the care-plans occurred regularly. Multidisciplinary team engagement contributed to achieving a state of resident well-being. The activity programme supported the resident to maintain social, and cultural choices, and included community engagement. Medication prescribing reflected best practice. Staff who administered medication were competent to do so. The food service met the resident's dietary needs and provided variety. The discharge and/or transfer of residents was safely managed. The nurse practitioner stated the provision of care meet the resident's needs.

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 medium or high risk and/or unattained and of low risk.

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.

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

The infectious diseases response policy had been implemented. There was a sufficient supply of personal protective equipment on site during the audit. Residents had access to information in te reo Māori. The infection prevention programme was delivered in a manner that was culturally safe and embraced the spirit of Te Tiriti o Waitangi.

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.
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Ultimate Care Oakland had a philosophy and practice of no restraint. There were no restraints in use. Staff were provided annual de-escalation training.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	19	0	0	3	0	0
Criteria	0	60	0	0	3	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 had 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>	FA	<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>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>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 celebrated national events 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 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 safe and protected from abuse.</p>	FA	<p>Staff, resident, and whānau interviews evidenced that the facility promoted an environment that provided a safe place for all to raise questions or concerns and that discussions were free and open. Staff outlined they had not witnessed any evidence of racism but were able to identify what measures they would take should this occur. Staff complete abuse and neglect training on commencement of</p>

		<p>employment with UCG.</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.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The informed consent policy 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. Whānau interview outlined how the facility provided additional support for them and their relative 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.</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>	FA	<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 support for Māori residents was available via an established community link, should Māori residents require support to navigate the complaints process. Resident and whānau interviews evidenced that the complaint process was explained on admission to the facility with free access to the appropriate form (hard copy) and information provided how to make a complaint via the organisations website 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</p>

		<p>the UCG complaints policy and process had been followed.</p> <p>There had been one complaint to the Health and Disability Commissioner (HDC) in 2022, related to care provision. The issues raised related to Subsection 2.2 – Adverse events such as resident falls are managed appropriately, Subsection 3.2 – Care plan includes comprehensive assessment of resident need including falls risk assessment Subsection 4.2 – There is an appropriate call bell system available for residents to use to summons assistance when required. The outcome of the audit evidenced the facility to be fully compliant with all three Subsections. Interview with senior UCG staff outlined that all information requested had been provided and the outcome of which was yet to be made known.</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 Oakland 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 services provided that ensured tangata whaikaha had capacity to access services and lead meaningful lives.</p> <p>The Māori Health Plan described how the organisation will ensure there are 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 provides hospital (geriatric and medical), rest home, and residential disability (physical and intellectual) services for up to 90 residents. The facility is certified for up to 90 dual purpose beds. At time of audit, there were 35 residents receiving rest home level care, and 37 receiving hospital level care. Inclusive of one long term chronic health condition (LTCH) contract, five residential disability services residents under Ministry of Health (MoH) contracts (physical</p>

		disability). With four receiving hospital services and one receiving rest home services.
<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>	FA	<p>The executive team reviewed and approved the quality and risk 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 FM understood the obligation to comply with statutory and regulatory obligations in relation to essential notification reporting. Section 31 notifications were sent to HealthCERT as required for staffing shortages, wounds, or pressure areas. Documentation was sighted of the Section 31 forms completed to inform of the FM and CSM appointments. The organisation has implemented a robust electronic system that records all appropriate information relating to adverse events such as resident falls. Review of incident and accident documentation and discussion with the Clinical Services Manager (CSM) outlined that all events were completed in full and open disclosure had occurred when necessary for example after a resident fall.</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 complemented service delivery.</p> <p>Interview with the FM 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 gaps and guide service improvement work as required. The information was then analysed by the executive team and board where appropriate to examine organisational practices and ensure the focus was maintained on defining equity goals and priorities and staff had the tools required to achieve those.</p> <p>Review of documentation including staff meeting minutes and discussion with FM evidenced that corrective actions were documented and evaluated prior to sign off with staff informed of</p>

		evaluations and outcomes. The previous finding is now closed (criterion 1.2.3.7 in the 2008 standards).
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>Ultimate Care Oakland 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. Staffing levels have been impacted due to the global pandemic, global health workforce shortages and staff turnover however an ongoing recruitment campaign has resulted in staffing levels reaching contractual obligations. In instances where a registered nurse (RN) was unexpectedly absent, senior care givers were rostered who had completed additional training in assessment skills, health and safety and emergency management.</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 comprise of two RNs and 12 care givers for the morning shift, two RNs and 10 caregivers for the afternoon shift, with one RN and four care givers for the night shift. Five RNs had completed InterRAI training.</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 residents. The FM and CSM worked in tandem for recording the ongoing learning and development of staff. The organisation ensured the provision of opportunities for ongoing development for health care and support workers. Staff outlined they were supported to upskill and maintain competency and felt valued as employees.</p> <p>The organisation had implemented systems that ensured the accurate collection and sharing of Māori health information. The UCG cultural safety policy outlines that on admission each Māori resident's ethnicity and specific cultural beliefs/values shall be documented in their individual care plan. Care plans sampled evidenced this was completed.</p>

		An appropriate education programme for all staff had been implemented enabling staff to maintain competency and upskill. Staff interviewed outlined that they had been supported to engage in learning and development.
<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, and reference checks, with the FM taking responsibility for validating prospective staff members qualifications.</p> <p>The UCG orientation policy outlines that all new staff are to complete an orientation which includes information specific to the organisation and the facility. Additional learning requirements are set out for each designation. New staff are to be buddied with an experienced staff member for a designated time which can be extended if required. 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 sampled and discussion with the FM confirmed that information held about staff was accurate, relevant, and kept in a secure location with confidentiality maintained. The organisation utilised a standardised process for the collection of ethnicity data to ensure accuracy with staff outlining how this information was collected from new staff when onboarding to the organisation.</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>	FA	<p>The facility manager had connected with local kaupapa Māori health providers to build connections that promoted the health of Māori residents. The connection enabled the service to strengthen community ties with Māori providers and build on the Māori cultural learning programme the service made available to staff.</p> <p>The service did not decline admissions unless the needs of the potential resident were unable to be met by the service. Reports were</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>sighted that confirmed that the facility manager kept records of the ethnicity of clients accepted and declined from the service. This report was submitted to the executive committee monthly.</p> <p>The clinical services manager (CSM) confirmed that young people with a disability (YPD) had a Needs Assessment Service Coordination (NASC) referral held in their file. The referral confirmed the level of care the person required.</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>Residents received individualised support provided that met the physical, cultural, spiritual, and social dimensions of their wellbeing. Registered nurses were responsible for completing assessments and developing care-plans for residents.</p> <p>Clinical records demonstrated that resident assessments were holistic and included for example skin integrity, pain, lived experience, cultural, and spiritual requirements. Falls risk, continence, mobility, and transfer ability were assessed on admission and at least six-monthly following. There was evidence in the clinical records sampled that these assessments were repeated more frequently in response to the resident's requirements. The interim care-plan and the long-term care-plans contained interventions to manage the individual residents assessment/s. Progress notes, observation, and family/whānau interviews confirmed that the documented interventions had been implemented. Family/whānau also confirmed they were involved in the assessment and care-planning of resident needs.</p> <p>Clinical records sampled confirmed that interRAI assessments were current and had been reviewed within the recommended timeframes. The documented care-plans noted interventions to improve the resident's health and wellbeing as identified by the interRAI assessment. Long-term and short-term care-plans were available to all staff. Short term care-plans were developed for residents with an acute health condition for example an infection or area of impaired skin integrity. These were updated regularly and signed off when the condition had resolved.</p> <p>The electronic clinical record held all information pertaining to the</p>

	<p>resident, including for example, the admission agreement, a copy of the Enduring Power of Attorney (EPoA), consents, advance care-plans and the resuscitation status. Clinical records also included documentation of the care provided by the multidisciplinary team (MDT) including for example physiotherapist, podiatrist, and nurse practitioner (NP).</p> <p>Progress notes documented the resident's daily activities and any observed changes in the resident's health status or behaviour. The registered nurse and staff stated that changes in a resident's behaviour were considered an early warning sign of a deterioration in the resident's health. Monthly vital signs and the weight of residents was documented. Where progress was different to that expected, or the resident had displayed signs or symptoms of illness, an assessment of the resident was performed by a registered nurse. A short-term care-plan was developed by the registered nurse if/as appropriate. The NP was notified if required, and according to the resident's condition and response to the short-term care-plan. Examples of this were seen in the clinical files.</p> <p>The clinical record, the registered nurse and medication files confirmed that residents were seen and assessed by the NP every three months. If a resident's condition changed between three monthly reviews the NP was notified and reviewed the resident. Evidence of this was sighted in the clinical record, and verbally by the NP. The NP also confirmed that the care provided to residents was appropriate and reflected good practice.</p> <p>Residents were supported to identify their own pae ora outcomes, with family/whānau involvement. Care-plans for Māori residents reflected cultural values and te whare tapa wha model of care. The residents, whānau, hapu and iwi were documented when identified. Māori residents and whānau interviewed stated that care was provided in a manner that respected their mana, and that access to support persons was encouraged.</p> <p>Policies, procedures, and interviews with staff confirmed that the service understood Māori oranga and customs. Visiting hours were flexible to allow family/ whānau to visit and support the resident. Staff were available to provide information to residents and their</p>
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		<p>family/whānau as required.</p> <p>Interview with the resident's and their family/whānau confirmed satisfaction with the provision of care at the service.</p> <p>A clinical file of a YPD resident confirmed that the support plan was resident centred and developed in partnership with the resident. The resident confirmed this and stated that the service met the persons required health and social needs.</p> <p>Organisational policies and procedures had been implemented that ensured tāngata whaikaha were able to access care and maintained choice and control pertaining to their care options.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>A diversional therapist (DT) and the DT assistant were interviewed. They confirmed they had connections with local Māori health and wellness groups who provided advice and support to ensure the activities programme incorporated te ao Māori. These connections also provided opportunities to be involved in community initiatives that supported the health needs and aspirations of Māori. The activities programme was allocated a budget that allowed the staff to undertake education relating to te ao Māori.</p> <p>Through-out the facility there were displays of Māori art and proverbs that had been completed by the residents. Local school kapa haka groups provided performances at the service from time to time. The DT and assistants held a Te Tiriti o Waitangi quiz at times of Māori celebrations, for example Matariki. Family and whānau were invited and involved in the activity programme as appropriate.</p> <p>A file of a YPD person confirmed that the care-plan documented recreational, cultural and community events that were available to the resident. The resident confirmed that a range of appropriate activities were available, both within the facility and in 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. Te Tiriti: Service providers shall support and advocate for Māori to</p>	PA Moderate	<p>The service used an electronic programme to prescribe and record the administration of medication. Medications were dispensed by a pharmacy using a pre-packaged system. The pharmacy delivered prepacked medications weekly, and new medications prescribed</p>

<p>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>were delivered as required. Medications no longer required were removed by the pharmacy. A registered nurse checked the medications prior to placing them in the medication room. Medication administration was performed by a registered nurse, or a health care assistant with a New Zealand Qualifications Authority (NZQA) level four certificate. All staff who administered medications had completed a medication competency programme, verified by education records, and staff interviews.</p> <p>There was a medication room for each wing of the facility, four in total. All medication rooms were locked. Medication competent staff only were able to access the rooms. Two medication rooms stored controlled medications. The storage and documentation of these met regulatory requirements. During the audit no medications were observed to be out of date. Eye drops, ointments and creams had a documented opening date. Medications sighted in each medication room contained a pharmacy generated label that confirmed all medication was dispensed for a named resident. No stock medication was sighted.</p> <p>All medication prescriptions were completed as per regulations, including the documentation of allergies and sensitivities. The NP had reviewed the medication chart at least three monthly. Standing orders were not used at this service. Residents who wished to have over the counter (OTC) medications, discussed this with the registered nurse and NP. The NP then prescribed the OTC medication if appropriate for the resident. If the NP considered the OTC medication was not in the best interest of the resident, this was discussed with the resident and family/whānau, and the medication was discontinued.</p> <p>A self-medicating policy directed safe practice. At the time of the audit there were three residents self-medicating medication. One clinical file of a resident who was self-medicating was sampled. It confirmed that a medication competency assessment had been completed as per policy. The NP confirmed that the resident was self-administering, and that a competency assessment had been completed. An interview with the resident confirmed self-administration was managed in a safe manner. YPD residents were supported to self-medicate where this was their wish, and the person</p>
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		<p>was assessed as competent to safely do so.</p> <p>Residents, including Māori residents and their whānau, were supported to understand their medications, and this was confirmed by residents and their whānau during interviews.</p> <p>Incident reports viewed, confirmed that medication incidents were rare. The CSM described the medication incident review process, which reflected best practice. The NP stated that the medication system and processes used were safe and appropriate to the service, and that notification of medication incidents was made, although rarely. There had not been a medication incident recently.</p> <p>A previously identified area requiring improvement that related to the documentation the effectiveness of pro-re-nata (PRN) medication had been addressed.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The menu provided nutritionally sound options. A choice was available to suit a range of dietary requirements. Rice and noodle-based meals had been developed and incorporated into meal options to meet the cultural needs of a new resident.</p> <p>Observation of food in the fridges and freezers confirmed that the food was covered, labelled, and dated. Documentation sighted verified that the kitchen cleaning schedule was adhered to, and evening food temperatures were monitored.</p> <p>The facility manager, chef, residents and family/whānau confirmed that the fridges in the resident’s rooms were resident owned and the resident/family/whānau took responsibility for the cleaning of these.</p> <p>A food control plan was sighted that expires in June 2024.</p> <p>The previously identified areas requiring improvement relating to:</p> <ul style="list-style-type: none"> no current food control plan ensure food stored in the fridge and freezer is dated the kitchen cleaning schedule monitoring of food temperatures in the evening, is now closed.

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>A procedure was implemented to ensure the safe transfer or discharge of a resident. The CSM described the procedure to transfer a resident to the public hospital in an acute situation. The national 'yellow envelope' system was used. In the envelope was included a hospital transfer letter which was generated by the electronic clinical record system. The letter included all relevant information and the last three entries of the progress notes. The resident's medication record was also printed and included in the envelope. The family/whānau were notified of the residents need to transfer to the hospital.</p> <p>Residents were discharged from the service when the residents care requirements became outside the scope of care provided by Ultimate Care Oakland. Discharges were facilitated in collaboration with the NASC, the resident and family/whānau. The service liaised with the new provider as required to ensure the resident experienced continuity of care.</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 Moderate</p>	<p>A building warrant of fitness displayed was current to January 2024. Buildings, plant, and equipment complied with legislation relevant to the health and disability service provided. However, improvement is required regarding the management of hazards.</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, call bells, carpets, chairs, and resident bathroom areas. A regular exterior cleaning schedule ensured that decking, paths, roof spouting, and outside decks and stairwells were kept clean and free from moss, mould, and leaves. These included areas designated for smoking.</p> <p>Residents' kitchenettes have whānau/resident facilities to make a hot drink. The hot water dispensers have signage highlighting the potential for injury due to high water temperature.</p> <p>Wall surfaces in bathrooms were noted to be free from water penetration with surfaces able to be kept clean and met infection</p>

		<p>prevention guidelines.</p> <p>Oxygen was being used by a resident on day of audit. The appropriate signage was in place and all oxygen cylinders noted to be firmly secured and stored.</p> <p>The van used for resident outings had recently been purchased and was regularly cleaned and monitored for and health and safety issues that required attention. The fit out of the van now ensured it was able to be used by all residents.</p> <p>Staff identified maintenance issues on an electronic system. Staff confirmed an awareness of the system to manage maintenance issues and confirmed issues were resolved in a timely manner.</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, and guidance from the links in place with local Māori.</p> <p>The previously identified areas of improvement related to resident transport and maintenance of designated smoking areas have been addressed. However issues relating to maintenance in the Rubcor wing remain open. The previously identified areas for improvement relating to the physical environment hot water drink dispensers, water penetration in the bathroom facilities and the management of oxygen are now closed (criterion 1.4.2.4 in the 2008 standards).</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>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, the facility being locked in the evening with restricted after-hours entry and an external company providing security patrols each night.</p> <p>Information was clearly displayed throughout the facility to guide visitors of what 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</p>

		<p>that staff completed emergency evacuation drills at least six monthly.</p> <p>Observation and staff interview evidenced that the facility has sufficient food supply in stock to supply the facility for three days in the event of an emergency.</p> <p>Records sampled and staff interview confirmed that the emergency and civil defence planning guides have been updated and are site specific.</p> <p>Interview with the maintenance person, observation, and documentation review, confirmed that the fire exit steps are cleaned and maintained to ensure they are non-slip/skid proof. The fire emergency steps beside the vehicle parking area have been included in the regular water blasting schedule and were free of moss and mould.</p> <p>A new call system has been installed in all resident bedrooms, bathrooms/toilets, and communal areas since the last audit. Some residents wore personal alarm pendants if they had been assessed as a falls risk. The system was monitored enabling the FM to audit time taken for staff response. Residents and whānau advised they are satisfied with response times when they have activated their call bells. The FM confirmed awareness of the reporting process to the Ministry of Health MoH in the event of call system failures utilising Section 31. The system was included within the maintenance persons regular testing and maintenance schedule. Issues identified that were unable to be rectified at facility level were managed by the supplier.</p> <p>The previous finding related to i) emergency food provision, ii) civil defence planning guides, and iii) exterior cleaning is now closed (criterion 1.4.7.1 in the 2008 standard).</p> <p>The previous finding related to ii) maintenance/repair and ii) reporting of call bell systems failures is now closed (criterion 1.4.7.5 in the 2008 standard).</p>
Subsection 5.2: The infection prevention programme and	FA	The organisation had an infectious diseases/pandemic response policy, which had been implemented and reviewed as required. This

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>reflected the Ministry of Health (MOH) guidelines. The service had a suitable supply of personal protective equipment (PPE) on site to manage an infectious disease outbreak. Residents who developed an infection were provided verbal information about the infection from registered nurses and the nurse practitioner. Information was also provided to the resident's family/whānau. Where educational resources were required to be given to residents in te reo Māori, staff and/or family/whānau were used to speak te reo to the resident. The organisation had purchased an infection control programme from a specialist provider. The programme had a section relating to Māori cultural values. The section reflected the spirit of Te Tiriti O Waitangi and provided guidance to staff to ensure culturally safe practice. Staff interviewed confirmed they were aware of the policy, and provided examples of how culturally safe practices were implemented.</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>Residents and family/whānau confirmed they were provided information in a culturally appropriate manner that they understood, and that they felt free to ask further questions if required. The CSM oversaw the surveillance programme and submitted monthly reports to the executive leadership team. The infection register and monthly reports confirmed that the methods, tools, documentation, analysis, definitions and assignment of responsibilities were appropriate. Surveillance data was tracked to the resident's ethnicity.</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>PA Moderate</p>	<p>There was a sluice room in each wing of the facility. All sluice rooms were sighted, and it was confirmed that there was an adequate supply of personal protective equipment (PPE). There was also a supply a face shields in each sluice room.</p> <p>The previously identified area requiring improvement (Health and Disability Services Standard NZS 8134:2008 1.4.1.6) related to sluice rooms not being stocked with PPE, and no face shields in the sluice room is now closed.</p>

<p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>The laundry was sighted, and it was confirmed that; there was no disused equipment in the laundry area, and the dryer ventilation hose was observed to be intact. However, the issue relating to the sluice room expellant fans remains open. The previous finding (criterion 1.4.6.2 in the 2008 standard) is partially closed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The organisation had a policy that documented the organisations services were committed to being restraint free. Oakland was a restraint free service. No restraints were sighted during the audit, and this was confirmed by staff, clinical records, the NP, the facility manager, CSM and family/whānau interviewed. The CSM had provided a monthly report to the national clinical manager which confirmed that no restraints were used in the service. Staff were trained in de-escalation techniques, and this was confirmed by education records and during staff interviews.</p>

Specific results for criterion where corrective actions are required

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

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

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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>A previously identified area requiring improvement relating to the monitoring of the temperature of the medication room had not been fully addressed. Although thermometers had been installed in the medication rooms, the temperatures were not recorded. A further improvement was identified during this audit relating to the recording of the medication fridge temperatures. There were three medication fridges. All had a thermometer, and a temperature recording sheet, however the temperature was inconsistently recorded.</p>	<p>Medication room temperatures were not recorded.</p> <p>Medication fridge temperatures were recorded inconsistently.</p>	<p>Ensure medication room temperatures are recorded.</p> <p>Ensure fridge temperatures are recorded regularly.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability</p>	<p>PA</p> <p>Moderate</p>	<p>Observation and discussion with the FM evidenced that the Rubcor wing outside decks and stairwells were open and hazardous for residents and visitors.</p>	<p>The outside decks in the Rubcor wing were open and used for by residents and visitors. These did not have adequate safety</p>	<p>Ensure that environmental hazards were addressed promptly and closed out.</p>

<p>service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>			<p>railings and were potentially hazardous.</p>	<p>90 days</p>
<p>Criterion 5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include: (a) Methods, frequency, and materials used for cleaning processes; (b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team; (c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>	<p>PA Moderate</p>	<p>Air vents in the sluice rooms and the laundry were observed to contain a build-up of dust within the vents and appeared dirty. The maintenance person confirmed that these vents were not on the routine maintenance/cleaning list. The previously identified area requiring improvement (Health and Disability Services Standard NZS 8134:2008 1.4.6.2) remains open.</p>	<p>Air vents in the sluice rooms and laundry contained a build-up of dust and were dirty.</p>	<p>Ensure air vents in the sluice rooms and laundry were removed of built-up dust and were cleaned. 90 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

No data to display

End of the report.