

The Ultimate Care Group Limited - Ultimate Care Maupua

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

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

The specifics of this audit included:

Legal entity: The Ultimate Care Group Limited

Premises audited: Ultimate Care Maupua

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

Dates of audit: Start date: 14 May 2019 End date: 15 May 2019

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 outcome areas contained within the Health and Disability Services Standards:

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

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

Key to the indicators

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

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

General overview of the audit

Ultimate Care Maupua provides rest home and hospital level care for up to 31 residents. The facility is owned by Ultimate Care Group Limited and is managed by a nurse manager. Residents and families spoke positively about the care provided.

This certification audit has been undertaken to establish compliance with the Health and Disability Services Standards and the district health board contract. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, families, management, staff and a general practitioner.

An area requiring improvement relates to the requirement for interventions to be documented in the residents' care plans.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Services are provided that support personal privacy, independence, individuality and dignity. Staff interact with residents in a respectful manner.

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

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service has linkages with a range of specialist health care providers to support best practice and meet resident's needs.

The nurse manager is responsible for the management of complaints and a complaints register is maintained. There is an investigation currently being undertaken by the Health and Disability Commissioner.

Organisational management

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

Standards applicable to this service fully attained.

The Ultimate Care Group Limited is the governing body and is responsible for the service provided. A strategic business plan and quality and risk management systems are fully implemented at Ultimate Care Maupuia. Systems are in place for monitoring the service, including regular reporting by the nurse manager to the national support office.

The facility is managed by a nurse manager who is new to the position. The nurse manager has wide experience in management positions including the aged care sector. Support is provided by the regional operations manager and the regional clinical advisor. The nurse manager is responsible for the operational and clinical services.

There is an internal audit programme. Adverse events are documented on incident/accident forms. Corrective action plans are developed, implemented, monitored and signed off as being completed to address any areas that require improvement. Quality, health and safety, registered nurses, staff and residents' meetings are held on a regular basis. Actual and potential risks including health and safety risks are identified and mitigated.

Human resources processes are followed. An in-service education programme is provided.

The documented rationale for determining staffing levels and skill mixes is based on an electronic rostering tool that calculates staffing requirements based on the needs of residents. Registered nurses are rostered on duty at all times. The nurse manager is rostered on call after hours with support from senior registered nurse managers from the national support office.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

The multidisciplinary team, including a registered nurse and general practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Standards applicable to this service fully attained.

A current building warrant of fitness is displayed. A preventative and reactive maintenance programme includes equipment and electrical checks.

Apart from one double room, residents' bedrooms provide single accommodation. Residents' rooms have adequate personal space provided. Lounges, a dining areas and alcoves are available. External areas for sitting and shading are provided. An appropriate call bell system is available, and security and emergency systems are in place.

Protective equipment and clothing are provided and used by staff. Chemicals, soiled linen and equipment are safely stored. All laundry is washed on site. Cleaning and laundry systems are audited for effectiveness.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

Standards applicable to this service fully attained.

The service has clear policies and procedures that meet the requirements of the restraint minimisation and safe practice standard. There were no residents using restraint and one resident using an enabler at the time of audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection prevention and control programme, led by a trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	44	0	1	0	0	0
Criteria	0	92	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Ultimate Care Maupua has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show that informed consent has been gained appropriately using the organisation's standard consent form. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record. Staff were observed to gain consent for day to day care.
Standard 1.1.11: Advocacy And Support	FA	During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service

Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.		were also displayed and available in the facility. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. The manager provided examples of the involvement of Advocacy Services in relation to the residents' and family meetings.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment. The facility has unrestricted visiting hours and encourages visits from residents' family and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy and associated forms meet the requirements of Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code). The information is provided to residents and families on admission and there is complaints information and forms available at the two main entrances. All complaints have been entered into the complaints register. Three complaints were reviewed and actions taken were documented and completed within the timeframes specified in the Code. Action plans reviewed showed any required follow up and improvements have been made where possible. The nurse manager (NM) is responsible for complaint management and follow up. Staff interviewed confirmed a sound understanding of the complaint process and what actions are required. The NM and regional operations manager reported there has been a complaint to the Health and Disability Commissioner(HDC) since the previous audit. Requested documentation has been provided to the HDC. The regional operations manager reported the organisation is still to receive an outcome from the HDC. There have been no investigations by the Ministry of Health, District Health Board (DHB), Accident Compensation Corporation (ACC), Coroner or Police since the previous surveillance audit.
Standard 1.1.2: Consumer Rights During Service Delivery	FA	Residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided, discussion with staff and through residents' meetings held regularly with the patients advocate.

Consumers are informed of their rights.		The Code is displayed in communal areas together with information on advocacy services, how to make a complaint and feedback forms.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	<p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by continuing with community activities, arranging their own visits to the doctor, shopping excursions, participation in meetings of their choosing. Care plans included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</p>
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	Staff support residents in the service who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau. There is a current Māori health plan developed with input from cultural advisers (refer criterion 1.3.5.2). Guidance on tikanga best practice is available and is supported by staff who identify as Māori in the facility. Māori residents and their whānau interviewed reported that staff acknowledge and respect their individual cultural needs.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences required interventions and special needs were included in care plans reviewed. For example, a resident for whom English is a second language has interpretation and language boards to assist with translation. The resident satisfaction survey confirmed that individual needs are being met.

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. All registered nurses have records of completion of the required training on professional boundaries. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, diabetes nurse specialist, a wound care specialist, the psychogeriatrician, and education of staff. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit included use of the advocacy service to undertake residents' and family meetings.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff knew how to access interpreter services, and this has been utilised for current residents for whom English is a second language. The facility also employs staff who are able to provide interpretation as and when needed. Family members and communication cards are also used to aid interpretation.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the</p>	FA	<p>The business and strategic plans are reviewed annually and include the purpose, values, scope, direction, goals and objectives of the organisation. An organisational flowchart shows the positions within the organisation. Monthly reports are generated electronically and sent to the national support office. Reports include but are not limited to clinical indicators, financial</p>

needs of consumers.		<p>performance, occupancy, staffing, training, complaints, audits and any risks.</p> <p>The nurse manager (NM) has been in the position since March 2019. The NM is a registered nurse and has wide experience as a manager and RN working in a variety of work environments including working in the aged care sector. Prior to this role the NM managed a large aged care facility and village. The NM is supported by the regional operations manager and regional clinical advisor. The NM is responsible for the operational and clinical services. The regional operations manager is currently orientating the NM to the operational side of the organisation and they have completed the clinical orientation. The NM keeps up to date attending various workshops, conferences and meetings.</p> <p>Ultimate Care Maupuia is certified to provide accommodation for 31 residents with 26 beds occupied on the first day of audit. There were 11 hospital level residents including one respite resident and 15 rest home level residents. The eight rooms on the lower floor are certified for rest home only and all 23 beds on the upper level have been approved for either rest home or hospital level care (dual-purpose beds).</p> <p>Ultimate Care Maupuia has contracts with the DHB for aged related residential care services, long term chronic health conditions, and short-term Residential care (respite).</p> <p>The regional operations manager reported HealthCERT has been notified of the change of manager since the previous audit.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>There are appropriate systems in place to ensure the day-to-day operation of the service continues should the NM be absent. The senior RN is responsible for the day-to-day management of the facility during the facility manager's absence. Support would be provided by the regional operations manager and the regional clinical advisor, as necessary.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement</p>	FA	<p>The organisation has a comprehensive quality and risk management system that guides the quality programme and includes principles and quality targets for 2019.</p> <p>Quality data for incident/accidents, satisfaction surveys, internal audits, infections, pressure injuries and medication errors are being collected, collated and comprehensively analysed to identify trends. Corrective actions are developed and implemented with monitoring to make sure corrective actions have been effective. Quality, RN, staff, health and safety and resident meeting minutes reviewed evidenced regular reporting and review of data including any trends. Monthly</p>

		<p>principles.</p> <p>reports, including graphs, are provided by the national support office. The NM demonstrated sound knowledge relating to quality and risk management. Staff reported they are kept fully informed and discuss quality data at their meetings including trends and what corrective actions have been put in place. Interviews of staff evidenced they are kept fully informed by the NM.</p> <p>Resident and family satisfaction surveys are completed yearly. The 2018 survey showed residents and families are satisfied or very satisfied with the service provided.</p> <p>Policies and procedures are fully embedded at Ultimate Care Maupua. They are relevant to the scope and complexity of the service, reflected current accepted good practice and referenced legislative requirements and refer to interRAI. Policies and procedures have been reviewed by the clinical advisory panel (CAP) and were current. New / reviewed policies are available for staff to read in the nurses' station and they are required to sign off these once read. Staff interviewed confirmed this. Staff also confirmed the policies and procedures provide appropriate guidance for service delivery.</p> <p>Actual and potential risks are identified and documented. The risk register includes but is not limited to clinical, environment, staffing and financial risks. A risk matrix is used to rate the level of risk. The NM, who has overview of health and safety, is responsible for the management of hazards, including putting in place appropriate controls to eliminate or minimise all hazards on site. Interview of the NM confirmed this. Hazards are communicated to staff and residents as appropriate. The NM demonstrated a sound understanding of health and safety requirements. Staff confirmed they understood and implemented documented hazard identification processes.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Adverse, unplanned or untoward events are documented by the RNs and health care assistants (HCAs) on hard copy forms and reviewed by the senior RN. Information is entered into the electronic system by the night RN. The nurse manager is responsible for the development of any corrective actions and close out of the actions. Review of the electronic register, incident/accident reports and interview of staff indicated appropriate management of adverse events. The NM advised they are reviewing the process currently in place.</p> <p>Adverse event data is collected and reported to the national support office where it is analysed and benchmarked with the other facilities within the organisation. A report is generated and provided to the facility and the NM is responsible for interpreting the data and reporting back to staff. Review of the graphs evidenced a decrease in skin tears, no medication errors for the last three months and low infection rates.</p> <p>Residents' files evidenced communication with families following adverse events involving the resident, or any change in the resident's health status. Families confirmed they are advised in a</p>

		<p>timely manner following any adverse event or change in their relative's condition.</p> <p>Staff are aware of essential notification responsibilities. The NM stated there has been one Section 31 notified to HealthCERT for a pressure injury since the last surveillance audit. The NM reported there have been no other notifications made to external agencies apart from the change in managers.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Policies and procedures relating to human resources management are based on relevant legislation and good employment practices. Staff files reviewed included job descriptions which outline accountabilities, responsibilities and authority, employment agreements, references, completed orientation performance appraisals and police vetting.</p> <p>New staff are required to complete the orientation programme prior to their commencement of care to residents, including specific components depending on the position description. The orientation programme is the equivalent to level two of a New Zealand Qualification Authority education programme. The entire orientation process, including completion of competencies, takes up to three months to complete and staff performance is reviewed at the end of this period. Orientation for staff covers the essential components of the service provided. Staff reported the orientation process prepared them well for their role.</p> <p>The NM advised staff who have not completed a New Zealand Qualification Authority education programme are enrolled. There are HCAs who have attained level three and level four. There are two assessors for the organisation.</p> <p>The education programme is the responsibility of the NM. Documentation evidenced in-service education is provided at least monthly and during handover. Attendance is entered into an electronic spread sheet. External educators are sourced, and staff have the opportunity to attend sessions externally and are expected to share the information with the rest of the staff. Registered nurses have the opportunity to attend sessions provided by the local DHB. Competencies were current, including medication competencies for the RNs and HCAs as second checkers.</p> <p>Two RNs are interRAI trained and have current competencies. There is at least one staff member on each shift with a current first aid certificate.</p> <p>Staff performance appraisals were current. Annual practising certificates were current for all staff and contractors who require them to practice. Staff confirmed they have completed an orientation. Staff also confirmed their attendance at on-going in-service education and that their performance appraisal was current.</p>

Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	<p>There is a documented rationale for determining staffing levels and skill mix to provide safe service delivery. The Ultimate Care Group electronic rostering tool is based on the handbook - Indicators for safe aged care and dementia care.</p> <p>The NM reported they are currently recruiting an RN to replace one that has left. Registered nurse cover is provided 24 hours, seven days a week. The NM reported agency RNs are currently providing three to four shifts per fortnight until a new RN is employed. The NM advised that usually the same RN from the agency is available when a shift is short. Review of the rosters confirmed this. The NM advised there is a casual pool of HCAs who can work at short notice. The NM reported the rosters are adjusted to meet the changing needs of residents, resident acuity including interRAI, occupancy and the environment. The NM advised there is the capacity to have a floating HCA for an extra four hours if needed.</p> <p>The NM works full time Monday to Friday and is on call after hours. Four RNs are currently employed with another about to go through the employment process. There is a mix of two experienced RNs who have worked in the aged care sector prior to employment and two who are less experienced. There is a range of HCAs who have been working at Ultimate Care Maupua from 15 years to several months.</p> <p>Residents, families and staff interviewed demonstrated satisfaction with the staffing levels. The care staff reported the NM undertakes a physical round of the residents every morning and makes sure care staff are ready for the challenges of the day. Residents, families, staff and the GP spoke highly of the NM with regards to leadership, and knowledge of all the residents and their families. Staff reported although they were concerned about another change of manager, they stated the new manager had "settled everyone" and they felt positive about the future. The RNs and HCAs reported the NM works with them and they feel supported and valued.</p> <p>There are dedicated cleaning staff and HCAs undertake laundry duties as part of their role. This is mainly undertaken by the third HCA on the morning shift who is allocated residents who are more independent, giving them a lighter workload. The NM reported the residents enjoy folding the laundry in the afternoons. An activities coordinator is employed Monday to Friday. A maintenance person works 24 hours per week and an administrator Monday to Friday for 20 hours. The kitchen has a chef working during the week with a cook on at the weekends and kitchen hands.</p> <p>Observations during this audit confirmed adequate staff cover is provided, including residents being helped with meals in a timely manner.</p>

<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. The organisation seeks updated information from the NASC, GP, and other specialists for residents accessing respite care.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the DHB's 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family/whānau. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed the process is efficient and complete. Family of the resident reported being kept well informed during the transfer of their relative.</p>
Standard 1.3.12: Medicine Management	FA	The medication management policy is current and identifies all aspects of medicine management

<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management (using an electronic system) was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided monthly, six monthly and on request.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review is consistently recorded on the medicine chart. Standing orders are used, were current and comply with guidelines.</p> <p>There were no residents self-administering medications at the time of audit.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by a qualified chef and kitchen team and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Wellington city council on 18 April 2019. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The food services manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture</p>

		<p>requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and residents' meetings minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>If a referral is received but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Information is documented using validated nursing assessment tools, such as a pain scale, falls risk, skin integrity, nutritional screening and continence, as a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. All residents have current interRAI assessments completed by one of three trained interRAI assessors on site. Residents and families confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Low	<p>Plans reviewed did not always reflect the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information and this requires improvement. Residents, family and staff interviewed did however confirm that care was provided according to their assessed needs.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is always documented in progress notes and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Documentation, observations and interviews verified the care provided to residents was consistent with their needs, goals and the plan of care (Refer 1.3.5.2). The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a good standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme is provided by an activities person who is undertaking training in the national Certificate in Diversional Therapy.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated monthly and as part of the formal six-monthly care plan review.</p> <p>Activities reflected residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Residents and families/whānau are involved in evaluating and improving the programme through residents' meetings and satisfaction surveys. Residents interviewed confirmed they find the programme varied and interesting.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short-term care plans being consistently reviewed and progress evaluated as clinically indicated were noted for infections, wounds, continence and mobility. When necessary, and for unresolved problems, long term care plans are added to and updated. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another</p>

External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.		medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to the district nurse, dietitian and physiotherapist. The resident and the family/whānau are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	Safe and appropriate waste management procedures including hazardous substances are in place and incidents are reported in a timely manner. Policies and procedures specify labelling requirements in line with legislation, including the requirement for labels to be clear, accessible to read and free from damage. Material safety data sheets are available and accessible for staff. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Health care assistants and the cleaner demonstrated good knowledge concerning waste and hazardous substances. Protective clothing and equipment including gloves, full face visors and disposable aprons were observed appropriate to recognised risks.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	A current building warrant of fitness is displayed that expires on the 10 November 2019. The facility is adequately maintained both internally and externally. A preventive and a reactive maintenance programme is implemented and hot water temperatures are within the recommended range. The NM reported rooms are refurbished as needed and the maintenance person is currently painting communal areas where wheelchairs have damaged walls and corners of doorways. Testing and tagging of electrical equipment and calibration of biomedical equipment was current. There are areas throughout the facility for residents to frequent. The facility is situated on a hillside and bedrooms open out onto court yards. The facility is built on two levels with stairs between the floors and each level has its own front entrance. Ramps with handrails provide easy access for residents, externally. Residents were observed to easily manage with mobility aids within the facility.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities	FA	All bedrooms have a wash hand basin. There are adequate showers and toilets located throughout the facility. Locking devices and engaged signage are in place for privacy.

<p>Consumers are provided with adequate toilet/shower/bathing facilities.</p> <p>Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence.</p> <p>Residents and families interviewed reported that there are sufficient toilets and showers and that they are easy to access.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>One bedroom is a double room and is currently vacant. There is a mix of large and smaller bedrooms. The eight rooms on the lower level are available to accommodate residents assessed as requiring rest home level care only and residents are more independent. The upper floor with 23 beds and is certified to provide either rest home or hospital level care (dual purpose). Bedrooms are large enough to provide personal space for residents and allow staff and equipment to move around safely.</p> <p>Rooms are appropriately furnished and maintained. Residents interviewed spoke positively about their accommodation. There is room to store mobility aids.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Residents have areas within the Ultimate Care Maupua to frequent, including dining and lounge areas on both levels that are easily accessed by residents. Residents can access areas for privacy if required. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely. Residents and families interviewed reported there are adequate areas for them to access and enjoy.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Health care assistants are responsible for managing laundry which is washed and dried on site. An HCA on the morning shift has a lighter care load and coordinates the laundry processes. Residents as part of their activities fold laundry in the afternoons which they look forward to. Residents interviewed confirmed this. Cleaning of the facility is completed by dedicated cleaners who demonstrated sound knowledge of cleaning processes. Cleaning and laundry processes are audited for effectiveness as per the audit programme. Review of audits confirmed this. Chemicals are stored securely in a closed system and were in appropriately labelled containers. The company representative visits monthly and provides on-going training for staff. Cleaning equipment and linen bags are colour coded for different uses.</p>
Standard 1.4.7: Essential, Emergency,	FA	The evacuation scheme was approved by the New Zealand Fire Service on the 8 June 2001.

<p>And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>Fire drills are completed six-monthly, the most recent held on the 14 May 2019. There have been no structural alterations since the previous audit. The emergency plan details emergency preparedness. Staff confirmed their awareness of emergency procedures. The orientation programme includes fire and security training. All required fire equipment has been checked and was current.</p> <p>A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, cell phones and a gas BBQ. Emergency lighting is provided. A call bell system alerts staff to residents who require assistance. The NM advised that a 4,000-litre water tank has been ordered and is to be installed providing sufficient water for seven days as per the guidelines from the local authority.</p> <p>The doors are locked in the evenings. Staff also complete security checks.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Heating is provided via underfloor and electric wall heaters. Residents are provided with safe ventilation and an environment that is maintained at a safe and comfortable temperature. All residents' rooms have natural light. Ultimate Care Maupua is smoke free within the building and there are covered external areas for smokers. Residents and families confirmed the facility is maintained at a comfortable temperature. During the audit, the temperature was appropriate in all areas.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service implements an infection prevention and control (IPC) programme to minimises the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from external specialists. The infection control programme and manual are reviewed annually.</p> <p>The registered nurse is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the regional operations manager at support office, and tabled at the quality/risk committee meeting. This committee includes the facility manager, IPC coordinator, the health and safety officer, and representatives from food services and household management.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</p>

Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	<p>The IPC coordinator has appropriate skills, knowledge and qualifications for the role, and has been in this role for three weeks. He is supported by the facility manager and clinical team at support office. He has undertaken training in infection prevention and control and attended relevant study days, as verified in training records sighted. Additional support and information are accessed from the infection control team at the DHB, the community laboratory and the GP as required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinator confirmed the availability of resources to support the programme and any outbreak of an infection.</p>
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.	FA	<p>The infection prevention and control policies reflect the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed in April and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	<p>Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by suitably qualified RNs, and the IPC coordinator. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional staff education has been provided in response. An example of this occurred when there was a spike in chest infections during winter of 2018.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, and increasing fluids during hot weather.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal tract, the upper and lower respiratory tract and scabies. The IPC coordinator reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported to the IPC committee and facility and regional operations managers. Data is benchmarked externally within the group. Benchmarking has provided assurance that infection rates in the facility are below average for the sector.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint minimisation and safe practice policy includes a definition, assessment and evaluation and complies with the requirements of the standard. The restraint coordinator was unavailable for interview. The NM reported the aim is not to use any sort of restraint. Sensor mats, 'crash mats' and low-low beds are used so that restraint is not required. There were no residents using a restraint at the time of audit. There was one resident using an enabler. The file of the resident using an enabler was reviewed and all required documentation was completed.</p> <p>Staff interviewed demonstrated sound knowledge of the difference between a restraint and an enabler and the process should a resident request an enabler. Staff have received on-going education relating to challenging behaviours, enablers and restraint.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Low	A sample of six care plans were reviewed. There were interventions detailed for mobility requirements including hoist management, swallowing difficulties, behaviour management, communication for a resident for whom English is a second language, nutrition requirements and day to day care. Short term care plans have been developed for skin tears, continence and mobility issues. However, not all interventions identified were included in either long term or short-term care plans. A review of the progress notes and interview with staff, district nurse, residents and family confirmed that the care had been provided.	Care plans do not always reflect interventions identified from assessments. For example, a wound management care plan undertaken by the district nurse, pain management requirements, management of an indwelling catheter and the cultural needs of a resident who identifies as Māori.	Care plans are documented to reflect the required interventions to achieve the outcomes identified from ongoing assessments. 180 days

Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display

End of the report.