

# The Ultimate Care Group Limited - Ultimate Care Rose Lodge

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## 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 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 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:

<b>Legal entity:</b>	The Ultimate Care Group Limited	
<b>Premises audited:</b>	Ultimate Care Rose Lodge	
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 7 December 2021	End date: 8 December 2021
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	20	

# Executive summary of the audit

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## 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
Yellow	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
Red	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 Rose Lodge provides care for up to 30 residents across two service levels (rest home, hospital/medical and geriatric care). On the day of audit, there were 20 residents in total.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents' and staff files, observations, interviews with residents, family, management, staff and general practitioners.

Ultimate Care Group have developed a charter that sets out its vision and values. Ultimate Care Rose Lodge have identified vision, values and goals for 2021. Each goal has a critical success indicator, strategies to achieve and initiatives to be implemented.

Improvements were identified during this audit around: advocacy; quality and risk management; human resource management; registered nurse cover; assessment; medication management; food service; chemical storage and fire evacuation.

## 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.		Some standards applicable to this service partially attained and of low risk.
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Ultimate Care Rose Lodge has a philosophy to ensure that the residents' rights to privacy and dignity are recognised and respected at all times. Family/whānau involvement is encouraged in assessment and care planning, and visiting is encouraged. The service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights.

There is a Māori health policy and cultural safety policies that guide staff in cultural safety, including recognition of Māori values and beliefs. Information on informed consent is included in the admission agreement, along with the complaints process, and discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed.

Complaints and concerns have been managed and a complaints register is maintained.

## 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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The quality and risk management programme for Ultimate Care Rose Lodge includes service philosophy, goals and a quality planner. Quality activities, including benchmarking, are conducted and generate improvements in practice and service delivery.

The nurse manager has recently been appointed and has clinical management experience. The role is supported by the recently appointed regional manager, a registered nurse, and experienced caregivers.

Quality improvement initiatives are developed and implemented and discussed at relevant meetings. Residents' meetings have been held and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported.

An education and training programme has been implemented with a current two-year plan in place. Employment processes are adhered to, and there is a roster that provides coverage for the effective delivery of care and support.

## Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after a resident's admission.

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

Long term care plans are developed and implemented within the required timeframes. Short-term care plans are developed for acute problems. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents and their relatives are involved in the care planning process and notified regarding any changes in a resident's health status.

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

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

The activity programme is managed by an activities coordinator. The programme provides residents with a variety of individual and group activities and maintains their links with the community. The service uses the facility's van for outings in the community.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. The service has a food control plan which is current and displayed. The kitchen was clean and meets food safety standards. Residents and family confirmed satisfaction with meals provided.

## 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.		Some standards applicable to this service partially attained and of low risk.
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Ultimate Care Rose Lodge has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Medical equipment and electrical appliances have been calibrated. The laundry includes the safe storage of cleaning and laundry chemicals.

All residents' rooms, with the exception of one, are dual purpose. They are personalised to the resident's taste and are of sufficient space to allow for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility that include lounge and dining areas, and smaller seating areas. External garden areas are easily accessible for residents using mobility aids with suitable pathways, seating and shade provided.

The service has implemented policies and procedures for civil defence and other emergencies, and six-monthly fire drills are conducted.

## 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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. On the day of the on-site audit, there were no residents using restraints or enablers. Restraint is only used as a last resort when all other options have been explored. Enablers are voluntary.

## 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 control programme is appropriate to the size and complexity of the service. The infection control nurse is a registered nurse. Infection data is collated, analysed, and trended. Monthly surveillance data is reported to staff and to the Ultimate Care Group national support office. There have been no outbreaks since the previous audit.

## 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)
<b>Standards</b>	0	36	0	6	2	1	0
<b>Criteria</b>	0	84	0	6	2	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Ultimate Care Rose Lodge has policies and procedures that align with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Training on the Code is included as part of the orientation process for all staff employed and in ongoing training.</p> <p>Family and residents have been provided with information on admission which includes the Code. Interviews with residents and family demonstrated an understanding of the Code. Staff interviews confirmed that staff respect privacy, and support residents in making choices, where able.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are policies and procedures in place for informed consent and resuscitation.</p> <p>Completed resuscitation forms were evident on all resident files reviewed. In the case of clinically not indicated resuscitation status, there was evidence of GP involvement completed and signed.</p> <p>General consent forms were evident on files reviewed. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent. Signed admission</p>

		agreements were evident in the resident files sampled.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	PA Low	Residents are provided with a copy of the Code pamphlets on entry. Interview with the management team confirmed practice. Residents and relatives interviewed identified that Ultimate Care Rose Lodge provides opportunities for the family/EPOA to be involved in decisions, however, they were not aware of how to access advocacy services. Resident files reviewed included information on resident's family/whānau and chosen social networks.
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 and relatives interviewed confirmed that there is open visiting. Visitors were observed coming and going during the audit, in accordance with the Covid-19 regulations. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events. The service provides assistance to ensure that the residents are able to participate in these as much as they wish and can do so safely.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	There is a complaints policy in place. The complaints procedure is provided to residents and relatives on entry to the service. The nurse manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in line with Right 10 of the Code.  Four complaints have been logged, one in 2020 and three in 2021. All complaints are acknowledged, and a comprehensive investigation is completed, the complainant is kept informed if a lengthy investigation delays timeframes. A follow-up letter is sent to the complainant or a meeting is held to discuss the complaint and outcome of the investigation. Complaints all included a section to sign off on the register once resolved.  There have been no complaints to external agencies since the last audit.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	The information pack provided to residents on entry, includes information on how to make a complaint, and information on the Code. This information has been discussed with residents and/or family members on entry to the service. Printed posters of the Code are displayed throughout the facility. The admission agreement includes information around the scope of

		<p>services, and any liability for payment for items not included in the scope and the Code. Regular resident meetings provide the opportunity to raise issues/concerns. The nurse manager and administrator described discussing the information pack with residents and family members on admission.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Ultimate Care Rose Lodge has a philosophy that ensures the residents' rights to privacy and dignity are always recognised and respected. Residents are encouraged to maintain their independence. Outings are encouraged and supported for the residents who are able. Staff interviewed stated that they encourage the residents' independence by encouraging them to be as active as possible. During the audit, caregivers were sighted in knocking on resident's bedroom doors prior to entering, and ensure doors are shut when cares are being given. The residents interviewed confirmed that their privacy is being respected. Resident preferences are identified during the admission and care planning process with family involvement.</p> <p>Resident files reviewed identified that cultural and/or spiritual values and individual preferences were identified on admission with family involvement and these were documented in the residents' care plan. This includes cultural, religious, social, and ethnic needs. There are clear instructions provided to residents on entry, regarding responsibilities of personal belongings in their admission agreement. The relatives interviewed stated their family member was welcomed into the unit and personal pictures were put up to assist them to orientate to their new environment. Interviews with the caregivers described how choice is incorporated into resident cares.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>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.</p>	FA	<p>Ultimate Care Rose Lodge has policies that guide staff in cultural safety. There is a cultural safety policy to guide practice, including recognition of Māori values and beliefs and identify culturally safe practices for Māori. At the time of the audit there were no residents that identified as Māori. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. Links are established with community representative groups as requested by the resident/family. Cultural training is provided for staff, and caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And</p>	FA	<p>Ultimate Care Rose Lodge recognises the cultural diversity of its residents, families, and staff. Policies and procedures reflect key relationships with churches and tangata whenua. Diverse</p>

<p><b>Beliefs</b></p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>beliefs, cultures, personalities, skills and life experiences are acknowledged. The residents' personal needs and values were identified on admission and this information was gathered from previous interRAI assessments and residents, family and/or enduring power of attorney (EPOA). All care plans reviewed included the resident's social, spiritual and cultural needs. Caregivers were able to give examples of how they meet the individual needs of each resident they care for. Ultimate Care Rose Lodge has two pastoral visitors who offer spiritual services for residents.</p>
<p><b>Standard 1.1.7: Discrimination</b></p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The service has organisation-wide policies and procedures to protect consumers from any form of discrimination, coercion, harassment, or exploitation. Relevant policies and procedures have been implemented. Staff orientation and in-service education provide ongoing awareness around prevention of any discrimination, coercion, and harassment.</p> <p>The nurse manager, and caregivers interviewed, demonstrated a clear understanding of professional boundaries. Documented job descriptions describe the functions and limitations of each position. All family members interviewed acknowledged the openness of the service and stated that staff were all approachable, welcoming, and open.</p>
<p><b>Standard 1.1.8: Good Practice</b></p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures, and a staff training programme which covers all aspects of service delivery. Internal auditing programmes are implemented. Ultimate Care Rose Lodge participates in an internal benchmarking programme, so monitoring against clinical indicators were undertaken against all sites. There is an active culture of ongoing staff development with the Careerforce programme being implemented. There are implemented competencies for caregivers and registered nurses (RNs). There are clear ethical and professional standards and boundaries within job descriptions.</p> <p>Physiotherapy services are available weekly and dietitian services are provided as needed following a referral. A podiatrist is on site every six weeks. The general practitioner (GP) reported during interview that referrals to other services are timely and appropriate.</p>
<p><b>Standard 1.1.9: Communication</b></p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure alert staff to their responsibility to notify family/EPOA of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident.</p>

		<p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p> <p>Regular resident/relative meetings are held two-monthly.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Ultimate Care Rose Lodge is part of Ultimate Care Group Limited with the executive team providing direction to the service. The goals and direction of the service are documented in the annual business, and quality and risk plans.</p> <p>Oversight and management of the facility is provided by a nurse manager who is a RN with experience in the role of clinical manager, as well as acting facility manager for another provider. The nurse manager has been in this management role for three months. The nurse manager is being mentored and supported by the regional manager who has also recently been appointed. In the preceding year, there has been three changes in nurse manager role for this facility (a permanent appointment from January to May and an Ultimate Care Group relieving manager from May to October, when the current nurse manager was appointed). The nurse manager is currently supported by a RN and experienced caregivers.</p> <p>Ultimate Care Rose Lodge provides residential services for up to 30 residents requiring rest home or hospital (geriatric or medical) level care. There are 29 dual-purpose rooms, and 1 rest home room. On the day of audit there were 20 residents, 15 at rest home level care and 5 at hospital level of care, all under the Aged Related Residential Care (ARRC) agreement. Admission of hospital level care residents is currently suspended.</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>During a temporary absence of the nurse manager, the Ultimate Care Group relieving manager covers the nurse manager's role with the support of the regional manager.</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 principles.</p>	<p>PA Low</p>	<p>There are policies and procedures, and associated systems to ensure that the facility meets accepted good practice and is adhering to relevant standards, including standards relating to the Health and Disability Services (Safety) Act 2001. Policies are regularly reviewed at head office level and all are current. New policies or changes to policy are communicated to staff.</p> <p>There is an implemented annual schedule of internal audits. Areas of non-compliance arising from the internal audits include the implementation of a corrective action plan with sign-off by the nurse manager when it is completed. However, analysis of trends and evaluation of outcomes requires improvement. The Ultimate Care group has made improvements to the electronic system with regard to this.</p> <p>Since the last audit a new reporting tool called the ‘manager’s reflective report’ has been developed and enacted to capture quality improvement initiatives as a result of internal audit findings. Quality improvement initiatives include the incorporation of improved clinical indicators into the everyday life of the facility.</p> <p>An annual resident and relative satisfaction survey was completed in 2021, with an average rating of 87% approval. An area requiring corrective action includes the management team. These results have just been collated and a corrective action plan is being developed and actioned.</p> <p>Ultimate Care Rose Lodge nurse manager is the health and safety officer and is supported in the role by the regional manager.</p> <p>Five various staff meetings; quality, health and safety, caregivers, RNs, infection control and prevention, that were all held monthly have been moved into a comprehensive once-monthly meeting for all staff, with good staff attendance. These meetings include (but are not limited to): quality, restraint, health and safety and infection control; care issues, staffing, maintenance, activities, cleaning and laundry, food service, accident/incidents reporting, staff education and competencies, updated policy and procedures, and internal audit results and associated corrective actions.</p> <p>Hazards are identified on hazard identification forms. The hazard register is relevant to the service and has been regularly reviewed and updated.</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</p>	<p>FA</p>	<p>Ultimate Care Rose Lodge documents and analyses incidents/accidents, unplanned or untoward events, and provides feedback to the service and staff so that improvements are made. Individual incident reports are completed for each incident/accident with immediate action noted and any follow-up action required. Accidents and near misses are investigated</p>

<p>where appropriate their family/whānau of choice in an open manner.</p>		<p>by the nurse manager and analysis of incident trends occurs. The service collects incident and accident data, and reports aggregated figures monthly to the staff meeting.</p> <p>Electronic incident forms are completed by staff and the resident is reviewed by the RN at the time of event, the form is forwarded to the nurse manager for final sign off and opportunities to reduce the future risks (where possible) have been identified. The caregivers interviewed could discuss the incident reporting process.</p> <p>Discussions with the management team confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been three section 31 notifications reported for the changes in nurse manager and ongoing section 31s for the inability to provide RN cover for shifts (this is an ongoing fortnightly report to the district health board).</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>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Although not all recruitment processes were implemented.</p> <p>A competency programme is in place. Core competencies are completed annually, and a record of completion is maintained (competency sighted in reviewed files included: manual handling, hand hygiene, cultural safety, fire and evacuation, and medication). A record of practising certificates is maintained. The annual performance appraisals process was not consistently implemented.</p> <p>There is a current two-year education programme in place for all staff. Education and training for clinical staff is linked to internal education provided by the Ultimate Care Group. Registered nurse, specific training viewed included: syringe driver, first aid certificates and interRAI. The nurse manager and the enrolled nurse (EN) are interRAI qualified. The nurse manager, EN, RN and level four qualified caregivers have a current first aid certificate.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>PA High</p>	<p>Ultimate Care Rose Lodge policy includes the rationale for staff roster and skill mix, inclusive of a nurse manager's roster allocation tool to ensure staffing levels are maintained at a safe level. Interviews with residents, relatives and staff confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>Rosters reviewed evidenced that caregivers were replaced when sick by other caregivers picking up extra shifts. For RN shifts the nurse manager covers registered nursing morning</p>

		<p>shifts or assisting with GP visits when there is no RN on shift. The nurse manager works 40 hours per week Monday to Friday and is available on call for any emergency issues or clinical support. The facility also has the Ultimate Care Group on call RN service for caregivers to contact by phone after hours.</p> <p>The RN covering morning shifts five days per week is newly appointed to the role. The other RN shifts are all covered by level four qualified caregivers or an enrolled nurse with medication competencies and first aid certificates.</p> <p>The nurse manager with the assistance of head office human resources staff is currently advertising for and recruiting for vacant (two RN) positions. Currently two RNs are on maternity leave and one RN is on Accident Compensation Commission leave. Ultimate Care Rose Lodge is currently not admitting hospital level care residents, respite resident.</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 relevant resident initial information was recorded in the resident's individual record, within required timeframes. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being held in a locked staff area. Care plans and notes are legible. Information in the electronic medication management system and interRAI data are password protected. Individual resident files demonstrated service integration including records from allied health professionals and specialists involved in the care of the resident.</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>Needs assessment and service coordination (NASC) assessments are completed for each patient's entry to the service. The service communicates with needs assessors and other appropriate agencies prior to the resident's admission regarding the resident's level of care requirements. There is an information pack provided to all residents and their families prior to admission. Review of residents' files confirmed entry to service processes are implemented, ensuring compliance with entry criteria.</p> <p>Residents and family members interviewed stated they were satisfied with the admission process and that it had been completed in a timely manner. Information about Ultimate Care Rose Lodge had been made available to them. Files reviewed contained completed demographic detail, assessments and signed admission agreements, in accordance 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>	<p>FA</p>	<p>Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.</p> <p>Interviews with the nurse manager and the RN and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers. A transfer form accompanies residents when a patient is moved to another service or facility. Follow-up occurs to check that the resident is settled.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded electronically. Resident allergies and sensitivities were documented on the electronic medication chart and in the resident's electronic record.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. There are no standing orders used at the facility.</p> <p>Review of the medication fridge evidenced that the service does not store or hold vaccines; an interview with the RN confirmed this. The medication refrigerator temperatures and medication room temperatures are monitored daily. However, corrective actions have not been implemented when the medication room temperatures have been above the normal range.</p> <p>Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration. Weekly stocktakes checks of medications are conducted and recorded. However, the six-monthly stocktakes are not conducted in line with policy and legislation.</p> <p>The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management, and complied with the medicine administration policies and procedures. The RN oversees the use of all pro re nata (PRN) medicines. Documentation made regarding effectiveness of PRN medicines was sighted on the electronic medication record and in the progress notes. Current medication competencies were evident in staff files.</p>

		There were no residents self-administering medication at the time of the audit.
<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>	PA Moderate	<p>All meals are prepared on site. The seasonal menu has been reviewed by a dietitian with the summer menu being used on the day of the audit. The service has a current food control plan, the expiry date is January 2022. However, staff working in the kitchen do not have food hygiene certificates.</p> <p>The kitchen was observed to be clean and cleaning schedules were sighted.</p> <p>A nutritional assessment is undertaken for each resident on admission by a RN to identify the residents' dietary requirements and preferences. The dietary profiles are communicated to the kitchen staff and updated when a resident's dietary needs change and when dietary profiles are reviewed six-monthly. Diets are modified as needed and the cook interviewed confirmed awareness of the dietary needs, likes, and dislikes of residents. These are accommodated in daily meal planning.</p> <p>Residents were seen to be given enough time to eat their meal and assistance was provided when necessary. There were enough staff to ensure appropriate assistance was available. Residents and families interviewed stated that they were satisfied with the meals provided.</p> <p>All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges, a freezer and cool store. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated. Food temperatures are monitored appropriately and recorded.</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>The service has a process in place if access is declined. When residents are declined access to the service, residents and their family/whānau, the referring agency and GP are informed of the decline to entry. At present the facility is not admitting residents requiring hospital level care due to lack of RN availability. The decision not to admit hospital level residents was made in conjunction with the district health board and the NASC. Residents requiring hospital level care will be admitted to the facility in the future when there is adequate RN cover available.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The initial nursing assessments are completed using the electronic system. Assessments reflect data from a range of sources, including: the NASC, the resident; family/whānau; the GP/nurse practitioner and specialists.</p> <p>The initial care plan guides care for the first three weeks of the resident's admission. Registered nurses complete the interRAI assessment within the required timeframes. The long-term care plan is based on the interRAI assessment outcomes and the initial nursing assessments.</p> <p>Policies and protocols are in place to ensure continuity of service delivery.</p> <p>All residents have current interRAI assessments completed by one of two trained interRAI assessors on site.</p> <p>Residents and family members confirmed involvement with 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>	<p>FA</p>	<p>Long-term care plans are developed with the resident and family/whānau involvement. Short-term care plans are developed for the management of acute problems. All residents' files sampled had individualised long-term care plans with interventions to meet the needs of the residents. Care plans demonstrated service integration with clinical records, activities notes, and medical and allied health professionals' notes and letters.</p> <p>Interviews with residents confirmed they have input into their care planning and review, and that the care provided met their needs.</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>	<p>PA Low</p>	<p>Review of residents' care plans demonstrated detailed interventions based on assessed needs, desired outcomes, and resident's goals.</p> <p>The GP documentation and records reviewed were current, however, there was no evidence of the exception from monthly visits when the resident's condition is considered stable.</p> <p>Physiotherapy input is provided weekly to the facility. The physiotherapist reviews hospital level residents, all new admissions, residents who have sustained a fall and for changes to moving and handling assessments.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. There is evidence of wound care products available at the facility and if wounds required additional</p>

		<p>specialist input, this was initiated.</p> <p>Monthly observations such as weight and blood pressure are completed and are up to date. However, neurological observations are not completed following unwitnessed falls in accordance with Ultimate Care Group policy and best practice.</p> <p>The nursing progress notes are recorded and maintained. Family communication is recorded. Interviews with residents and families confirmed that care and treatment met 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 residents' activities programme is implemented by an activities coordinator who is undergoing diversional therapy training. Activities for the residents are provided five days a week, Monday to Friday 11am to 4.30pm. Resources for activities at the weekend were available for residents to access.</p> <p>The activities programme was displayed on the residents' noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. Church services are held monthly. Van outings into the community are arranged at least weekly,</p> <p>The residents' activities assessments are completed by the activities coordinator within three weeks of the residents' admission to the facility in conjunction with the admitting RN. Information on residents' interests, family and previous occupations is gathered during the interview with the resident and/or their family and documented. The residents' activity needs are reviewed six-monthly, at the same time the care plans are reviewed, and are part of the formal six-monthly multidisciplinary review process.</p> <p>The residents and their families interviewed reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities.</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 at handover and in the progress notes. If any change is noted, it is reported to the RN and nurse manager.</p> <p>Long-term care plans are evaluated every six months in conjunction with the interRAI re-assessments, or if there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes. The service develops short-term care plans for the management of</p>

		<p>short-term acute problems. This includes problems such as infections, wounds, and falls. Short-term care plans, including wound care plans, are reviewed and signed off when the problem is resolved.</p> <p>Residents and families interviewed confirmed involvement in the evaluation process and any resulting changes. Contact with family was verified in the resident's records.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>The service facilitates access to other medical and non-medical services. Where needed, referrals are sent to ensure other health services, including specialist care and this is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files confirmed family/whānau are kept informed of the referral process.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>The service has documented policies and procedures for the safe and appropriate storage and disposal of waste and hazardous substances. Waste is appropriately managed. Chemicals were secured in designated locked cupboards. Chemicals were labelled, and safety datasheets were available and accessible to staff. Safe chemical handling training has been provided by the contracted supplier. Gloves, and aprons, are available, and staff were observed wearing personal protective equipment/clothing (PPE) while carrying out their care duties. The maintenance person interviewed described the safe management of hazardous material.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>Ultimate Care Rose Lodge has a current building warrant of fitness, which expires on 17 February 2022.</p> <p>Hot water temperatures are checked monthly and were all under 45 degrees Celsius.</p> <p>Medical equipment and electrical appliances have been tested, tagged, and calibrated. There is a planned schedule to maintain regular and reactive maintenance. The maintenance staff interviewed could demonstrate progress.</p> <p>Residents were observed to mobilise safely within all areas of the facility. There are sufficient seating areas throughout the facilities with a variety of smaller and large lounge areas. The facility has a small area outside for residents who smoke. Caregivers interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs and as</p>

		<p>identified in the care plans.</p> <p>There is a system to ensure that the facility van that is used for residents' outings is routinely maintained. Inspection confirmed that the van has a current registration, warrant of fitness, first aid kit, fire extinguisher and no hoist. Interviews and documentation evidenced that those staff who drive the van have a current driver's licence.</p> <p>The gardens are maintained with safe paving, lawn, and gardens. All communal areas, both in and out of the building, are easily accessible for residents using mobility aids.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All resident rooms throughout the facility are single rooms. In addition, there are communal mobility bathrooms of sufficient size for mobility aids. Visitor toilet facilities are available. Residents interviewed stated their privacy and dignity is maintained while attending to their personal cares and hygiene. The communal toilets are signed and identifiable and include vacant/in-use signs. There are easy clean flooring and fixtures, and handrails are appropriately placed.</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>The resident rooms are of sufficient size to meet the resident's assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Care workers interviewed reported that rooms have sufficient room to allow cares to take place. The bedrooms were personalised to residents' taste.</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>There are a number of small nooks with seating. All internal communal areas have seating and external views. Areas can be easily accessed by residents, family and staff. There are areas that are available for residents to access with their visitors for privacy, if they wish. Observation and interviews with residents and family confirmed that residents can move freely around the facility and that the accommodation meets residents' needs.</p> <p>There are areas for storing activities equipment and resources including a lounge area that is used for activities.</p> <p>Most residents were observed to have their meals with other residents in the communal dining rooms but can have their meal in their own room if they wish.</p>

<p><b>Standard 1.4.6: Cleaning And Laundry Services</b></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>	<p>PA Low</p>	<p>Laundry services are provided seven days a week and carried out by the caregivers. Cleaning duties are rostered for four hours, five days per week.</p> <p>Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying and handling of personal clothes and facility linen. The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. Household and laundry personnel interviewed demonstrated knowledge of the process to handle and wash infectious items when required.</p> <p>There was evidence of suitable personal protective clothing (inclusive of face shield) being provided and used by staff when they transferred from care giving to laundry duties. Staff were able to demonstrate post use cleaning of face shields and there was accessible hand washing facility and hand sanitizer available in the laundry/sluice area.</p> <p>Handling sheets and hoist slings are used for individual residents and are washed as required if soiled.</p> <p>Residents clothing is labelled and personally delivered from the laundry, as observed. Residents and families confirmed satisfaction with laundry services in interviews and in satisfaction surveys. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. The cleaner interviewed was aware of the requirement to keep their cleaning trolley in sight, however, there was not safe storage on the trolley for chemical bottles in use. Chemical bottles/cans in storage and in use were noted to be appropriately labelled.</p>
<p><b>Standard 1.4.7: Essential, Emergency, And Security Systems</b></p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>Staff files and training records demonstrated that orientation and mandatory training includes emergency and disaster procedures and fire safety. An approved fire evacuation plan was not sighted. Interviews with staff and review of documentation confirmed that fire drills are conducted at least six-monthly. There is a sprinkler system installed throughout the facility and exit signage displayed. Staff interviews, and training records confirm that fire wardens received warden training and staff have undertaken fire training.</p> <p>The facility has sufficient supplies to sustain staff and residents in an emergency situation. Alternative energy and utility sources are available in the event of the main supplies failing. These include: gas for cooking; emergency lighting; and enough food; water; dressings and continence supplies. The service's emergency plan includes considerations of all levels of</p>

		<p>resident need.</p> <p>All hand basins used for hand washing, including those in residents' rooms, have access to flowing soap and paper towels. These were observed to be used correctly by staff and visitors.</p> <p>Call bells are available to summon assistance in all resident rooms and bathrooms. Call bells are checked monthly by the maintenance person. Observation and resident interviews confirmed that call bells are answered promptly.</p> <p>Security systems are in place to ensure the protection and safety of residents, visitors and staff. These include visitors signing in and out of the building and the facility being locked in the evenings with restricted entry afterhours.</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>All residents' rooms and communal areas accessed by residents have safe ventilation and at least one external window providing natural light. Resident areas in the facility are heated by wall heating in the winter. The environment in resident areas was noted to be maintained at a satisfactory temperature. This was confirmed in interviews with staff and residents. Systems are in place to obtain feedback on the comfort and temperature of the environment.</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>Ultimate Care Rose Lodge provides an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection prevention and control programme. The nurse manager is the infection control nurse (ICN) and has access to external specialist advice from the district health board infection control specialists and microbiologists when required. A documented job description for the ICN, including role and responsibilities, is in place. The ICN reports to the regional manager and the Ultimate Care Group head of resident risk.</p> <p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is reviewed annually. Staff are made aware of new infections through daily handovers on each shift, progress notes and clinical records. There are processes in place to isolate infectious residents when required. Hand sanitisers and gels are available for staff, residents, and visitors to use.</p> <p>Vaccine passports of all visitors to the facility are scanned. If visitors do not have a vaccine passport, they are denied entry to the facility. Exceptions would be considered following discussion with the nurse manager and advice from Ultimate Care Group head of resident</p>

		risk for visitors to residents who are receiving palliative care.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The ICN is responsible for implementing the infection control programme.</p> <p>The ICN stated that there are adequate human, physical, and information resources to implement the programme. Infection control reports are discussed at the facility's meetings. The ICN has access to all relevant resident data to undertake surveillance, internal audits, and investigations.</p> <p>Staff interviewed demonstrated an understanding of the infection prevention and control programme. Staff were observed maintaining good hand hygiene practices when caring for residents. There were gloves and hand sanitiser readily accessible for all staff. Infection prevention and control resources were available, should a resident infection or outbreak occur.</p>
<p>Standard 3.3: Policies and procedures</p> <p>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.</p>	FA	<p>The Ultimate Care Group has documented policies and procedures in place that reflect current best practice relating to infection prevention and control.</p> <p>Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The ICN has completed training for the role.</p> <p>Staff education on infection prevention and control is provided by the ICN and external infection control specialists. All staff attend infection prevention and control training. Records of attendance are maintained. Staff interviewed confirmed their understanding of how to implement infection prevention and control activities into their practice.</p> <p>Covid-19 information is available to all visitors to the facility. Ministry of Health information was available on site.</p> <p>Education for residents occurs informally on a one-to-one basis as required. Advice is given regarding hand hygiene, Covid-19 and the requirement to stay in their rooms if they have an</p>

		infection.
<p><b>Standard 3.5: Surveillance</b></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>	FA	<p>The UCG surveillance policy describes the requirements for infection surveillance and includes the process for internal monitoring.</p> <p>Internal infection prevention and control audits are completed. Infection data is collated monthly and is submitted to Ultimate Care Group national support office. Monthly surveillance data is collated and analysed to identify any trends, possible aetiology, and any required actions. This data is reported at staff meetings. The Ultimate Care Group reflection report is displayed on the staff noticeboard.</p> <p>There have been no outbreaks since the last audit.</p>
<p><b>Standard 2.1.1: Restraint minimisation</b></p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator is the nurse manager, they provide support and oversight for enabler and restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>On the day of the audit, there were no residents using restraints or enablers. A similar process is followed for the use of enablers as is used for restraint use.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint and enabler use is completed and discussed at all staff meetings.</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)
<p>Criterion 1.1.11.1</p> <p>Consumers are informed of their rights to an independent advocate, how to access them, and their right to have a support person/s of their choice present.</p>	PA Low	Ultimate Care Rose Lodge provides a copy of the Code pamphlets on entry as well as information concerning making compliments and complaints, however, information regarding advocacy services was not available at the facility.	There is no information regarding advocacy services given to residents or whānau on admission or displayed. Staff were unaware of this service.	<p>Ensure that information on advocacy services are made available to residents and whānau and that staff training in advocacy services occurs.</p> <p>90 days</p>

<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	<p>PA Low</p>	<p>Corrective actions are raised from quality improvement data inclusive of internal audits. However, analysis of trends and evaluation of outcomes requires improvement.</p>	<p>(i) Outcomes for corrective actions are not documented, inclusive of evaluations prior to sign off.</p> <p>(ii) Quality, health and safety, staff meetings do not fully inform staff of evaluations and outcomes.</p>	<p>(i) Outcomes and evaluations of corrective actions should be documented.</p> <p>(ii) Quality, health and safety, staff meetings should clearly outline corrective actions and improvements</p> <p>90 days</p>
<p>Criterion 1.2.7.2</p> <p>Professional qualifications are validated, including evidence of registration and scope of practice for service providers.</p>	<p>PA Low</p>	<p>Human resources policies are in place, including recruitment, selection, orientation, staff training and development, and yearly appraisals for staff. However staff file reviews evidenced that job descriptions and completed orientations were not always in place (for new staff),and annual performance appraisals have not always been completed for staff employed for greater than one year,</p>	<p>(i) Staff appraisals have not been carried out as per policy.</p> <p>(ii) Job descriptions and completed orientations were not in new staff files.</p>	<p>(i) Ensure that staff appraisals occur as per policy.</p> <p>(ii) Ensure that all new staff have job descriptions and orientation training sign off.</p> <p>90 days</p>
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented</p>	<p>PA High</p>	<p>Policy includes the rationale for staff roster and skill mix to ensure staffing levels are maintained at a safe level, and staffing levels (inclusive of laundry duties undertaken by the caregivers)</p>	<p>Registered nurses cover does not meet the requirements of</p>	<p>Ensure that there is adequate RN</p>

<p>and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>		<p>are sufficient to meet the needs of residents whilst occupancy level remains low and the majority of residents require rest home level care. However, RN cover has not been available for all shifts as required for hospital level services over a six-month period, due to staff losses (2) and extended leave (3).</p> <p>The manager's roster tool based on resident acuity allows for six rostered RNs to meet the requirements of the DHB ARRC agreement for hospital level care. Currently there is one RN five days per week (who the nurse manager assists/stands in for as required Monday to Friday). There is no agency RN cover available in the area should either the nurse manager or RN require unplanned leave and no contingency plan should this occur. This leaves hospital level residents without the 24/7 clinical onsite level of care required.</p>	<p>hospital level care agreement.</p>	<p>cover for all shifts at the facility to meet the requirements of hospital level care.</p> <p>30 days</p>
<p>Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Moderate</p>	<p>The medication room temperature is recorded daily. However, the past three month's records demonstrated that when the temperatures had not been within the normal range, corrective actions had not been implemented.</p> <p>Medications are stored securely in accordance with requirements. However, the pharmacy stocktake had not occurred six-monthly as required. The pharmacy stocktake had been carried out in August 2020 and May 2021. The Ultimate Care Group head of resident risk stated that the stocktake would be done in December to bring it into line with all other Ultimate Care Group facilities.</p>	<p>(i) Corrective actions have not been recorded or fully actioned when the medication room temperatures have been above the normal range.</p> <p>(ii)The pharmacy stocktake had not occurred in the past six months as required.</p>	<p>(i) Ensure that a corrective action is put into place and documented when the temperature of the medication room is above the normal range.</p> <p>(ii) Ensure that the required stocktake of medication is completed every six months.</p>

				30 days
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Moderate	There is a current food control plan. However, staff involved in the preparation of food for residents have not had food hygiene training and do not have food hygiene certificates.	Staff responsible for preparing and serving food at Ultimate Care Rose Lodge do not have food hygiene certificates.	<p>Ensure that all staff involved in preparation and serving food have food hygiene certificates.</p> <p>90 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	<p>Monthly observations of temperature, pulse, blood pressure and weight are recorded. However, documentation for four out of five unwitnessed falls demonstrated that neurological observations are not recorded in accordance with Ultimate Care Group policy and best practice. The requirement for half hourly observations for the first two hours was not met.</p> <p>Routine GP visits were recorded. However, there was no documentation for the exemption from monthly GP visits when the resident's condition is considered stable.</p>	<p>(i) Residents did not consistently have a full suite of neurological observations completed following an unwitnessed fall in accordance with Ultimate Care Group policy and best practice.</p> <p>(ii) The exception from monthly GP visits is not documented.</p>	<p>(i) Ensure a full suite of neurological observations are conducted and documented following all unwitnessed falls.</p> <p>(ii) Ensure that the exception from monthly GP visits is documented in the residents' clinical records.</p> <p>60 days</p>
<p>Criterion 1.4.6.3</p> <p>Service providers have access to designated areas for the</p>	PA Low	The cleaner knew to keep the trolley within sight when in use in resident areas, however, there was no safe storage for chemicals in use.	The cleaner's trolley had open spray bottles and 750ml bottles of chemicals	Ensure that chemicals are safely stored on cleaning

safe and hygienic storage of cleaning/laundry equipment and chemicals.			within reach of residents.	trolleys.  30 days
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	Appropriate information, training, and equipment to respond to identified emergency and security situations is in place and routine evacuation drills are held and evidenced as compliant. However, the current evacuation plan refers to "fire cells" which do not exist, and the evacuation plan requires updating and approval.	The facility does not have a current approved fire evacuation plan.	<p>Ensure that an approved fire evacuation plan is in place.</p> <p>30 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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 of this audit.

No data to display
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End of the report.