

The Ultimate Care Group Limited - Ultimate Care Manurewa

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

Legal entity:	The Ultimate Care Group Limited
Premises audited:	Ultimate Care Manurewa
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 September 2022 End date: 21 September 2022
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:	40

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ultimate Care Manurewa is part of Ultimate Care Group Limited. It is certified to provide services for up to 51 residents requiring rest home or hospital level services. The facility is managed by a facility manager and a clinical nurse services manager. There have been no significant changes since the last audit.

This certification audit was conducted against the Health and Disability Services Standards Ngā Paerewa NZS8134:2021 and the service contracts with Te Whatu Ora Health New Zealand.

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

Areas identified as requiring improvement related to staffing levels and staff performance review processes.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
---	--	--

The service complies with Health and Disability Commission Code of Health and Disability Consumers' Rights. Residents receive services in a manner that considers their dignity, privacy, and independence as well as facilitating their informed choice and consent.

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

Policies are implemented to support residents' rights, communication, complaints management and protection from abuse. The service has a culture of open disclosure. Complaints processes are managed according to requirements.

Care plans accommodate the choices of residents and/or their family/whānau.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
--	--	---

Ultimate Care Group Limited is the governing body responsible for the services provided at this facility and understands the obligation to comply with Ngā Paerewa NZS8134:2021. The organisation's mission statement and vision are documented and displayed in the facility. The service has a current business plan and quality and risk management in place.

An experienced and suitably qualified facility manager ensures the management of the facility. A clinical services manager oversees the clinical and care services in the facility. A regional manager supports the facility's managers in their roles.

Quality and risk management systems are in place. Meetings are held that include reporting on various clinical indicators, quality and risk issues, and there is review of identified trends.

There are human resource policies and procedures that guide practice in relation to recruitment, orientation, and management of staff. A systematic approach to identify and deliver ongoing training supports safe service delivery.

Systems are in place to ensure the secure management of resident and staff information.

Ngā huarahi ki te oranga | Pathways to wellbeing

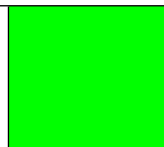
Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
---	--	--

Ultimate Care Manurewa provides a model of care that ensures holistic resident centred care is provided. Information is provided to potential residents and family/whānau in a suitable format to ensure decisions include informed consent.

Resident assessments inform care plan development. Care plans are implemented with input from the resident and family/whānau and contribute to achieving the resident's goals and aspirations. Review of care plans occurs regularly. Other health and disability services are engaged to support the resident as required. The activity programme is varied and supports the resident to maintain physical, social, and mental health. Medicine management reflects best practice, and staff who administer medication are competent to do so. The food service provides nutritional meals for the residents. Specific dietary needs and wishes are catered for. The discharge and/or transfer of residents is safely managed.

Te aro ki te tangata me te taiao haumarū | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



Subsections applicable to this service fully attained.

There is a current building warrant of fitness. A reactive and preventative maintenance programme is implemented. External areas are safe and provide shade and seating.

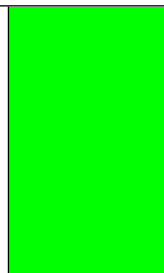
Residents' rooms are of an appropriate size for the safe use and manoeuvring of mobility aids and provision of care. Lounges and dining rooms provide spaces available for residents and their visitors. Communal and individual spaces are maintained at a comfortable temperature.

A call bell system allows residents to access help when needed. Security systems are in place and staff are trained in emergency procedures, use of emergency equipment/supplies and attend regular fire drills.

Waste and hazardous substances are managed appropriately. Staff use protective equipment and clothing. Chemicals, soiled linen, and equipment are safely managed and stored.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.




Subsections applicable to this service fully attained.

The governing body and the executive group support the safety of residents and staff via the infection prevention and antimicrobial stewardship programmes. The programmes are appropriate for the size, complexity, and type of service. The clinical services manager is responsible for the implementation of the programmes. Related policies and procedures reflect current best practice. A pandemic plan is in place and has been tested. Staff are trained regarding the principles of infection control. A surveillance programme is implemented and is relevant to the service type.

Cleaning and laundry procedures are well established, meet infection prevention requirements and are carried out by staff daily. These are monitored for effectiveness. Residents and family expressed satisfaction with cleaning and laundry processes.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
--	---	--

The service has a clearly described restraint minimisation policy and associated procedures. There were no restraints in use on the days of audit. The provider is committed to a restraint free environment. Staff attend regular education and training that contributes to the establishment of a restraint free service.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	1	0	0
Criteria	0	162	0	1	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Staff receive training in cultural safety at orientation. The service has developed and implemented a cultural safety module that is provided as part of the mandatory annual education programme. This programme defines and explains cultural safety and its importance, includes Te Tiriti o Waitangi and tikanga best practice. All current staff have completed training.</p> <p>At the time of audit there were residents who identified as Māori. Residents and their family/whānau are encouraged to participate in the development of the resident’s care plan. Residents and their family/whānau confirmed at interview that they are involved in this process. Opportunities for input into services are provided through residents’ meetings.</p> <p>The organisation has a Māori health action plan that recognises the principles of Te Tiriti o Waitangi and describes how Ultimate Care Group (UCG) responds to Māori cultural needs and Māori beliefs in relation to illness. The health plan outlines that the recruitment and</p>

		<p>training of Māori staff will be encouraged however, at time of audit this was yet to be implemented. The plan outlines the aims of UCG to ensure outcomes for Māori are positive and equitable. Strategies include but are not limited to, identifying priority areas, and supporting the role of Mātauranga Māori in the development and delivery of health services. The document outlines the importance of residents identifying as Māori having the opportunity of family/whānau being involved in their care.</p> <p>Documents are provided in te reo Māori where possible.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	Not Applicable	<p>The cultural policy reviewed outlines the provider's commitment to providing culturally safe care however, the policy does not reflect the cultural needs of Pacific peoples.</p> <p>Family/whānau interviews stated that they were satisfied with the choices they were provided regarding their care, activities, and the services provided.</p> <p>Information gathered during assessments includes identifying a residents' specific cultural needs, spiritual values, and beliefs. Assessments also include obtaining information on a resident's cultural preferences, which includes but is not limited to, cultural identity and spirituality. This informs care planning and activities are tailored to meet identified needs and preferences.</p> <p>At time of audit there were residents who identified as Pacific peoples, residing in the facility.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people</p>	FA	<p>The service has implemented policies and procedures to ensure that services are provided in a manner that upholds patient rights and complies with the Health and Disability Commission Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>All staff have received training and education on the Code as a part of their orientation and the mandatory two-yearly training and education programme. Staff interviews confirmed awareness of the Code and observations evidence practices that demonstrate an understanding</p>

<p>in a way that upholds their rights and complies with legal requirements.</p>		<p>of their obligations. Evidence that the Code is implemented in everyday practice includes maintaining residents' privacy, providing residents with choice, and providing opportunities for residents and family/whānau to be involved in care planning.</p> <p>Residents and/or their family/whānau representative are provided information on the Code as a part of their admission information pack documentation on admission to Ultimate Care (UC) Manurewa. This information supplied includes documentation on the complaints process and additional information for example advocacy services. The admitting nurse explains the Code during the admission process to ensure understanding. Posters in te reo Māori, and English were visible throughout the facility.</p> <p>Policy and practice include ensuring that all residents, including Māori residents' right to self-determination is upheld and they can practice their own personal values and beliefs. The Māori health plan identifies how UCG respond to Māori cultural needs and beliefs in relation to illness.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The provider ensures that residents including younger people with disability, and whānau are included in planning and care, which is inclusive of discussion and choices regarding maintaining independence. Staff and family/whānau interviews and observation confirmed that individual religions, social preferences, values, and beliefs are identified and upheld. These were also documented in resident files.</p> <p>The organisation has a policy on sexuality and intimacy that provides guidelines for managing expressions of sexuality. Staff interviews confirmed they assist residents to choose the clothing they wish to wear. Resident and family/whānau interviews and observation confirmed that residents can choose what clothing and adornments to wear each day.</p> <p>The organisation has policies and procedures that are aligned to the requirements of the Privacy Act and Health and Information Privacy Code, to ensure that a resident's rights to privacy and dignity is</p>

		<p>upheld. They provide guidelines for respecting and maintaining privacy and dignity. There are spaces where residents can find privacy within communal areas.</p> <p>Resident, family/whānau and staff interviews as well as observation confirmed that staff knock on bedroom and bathroom doors before entering, ensure that doors are shut when personal cares are being provided and residents are suitably attired when taken to the bathroom. Interviews and observation confirmed that staff maintain confidentiality, are discreet, and hold conversations of a personal nature in private. Resident interviews confirmed that resident privacy is respected.</p> <p>Staff receive training in tikanga best practice. Culturally appropriate activities have been introduced such as Matariki and the celebration of Māori language week.</p> <p>Interviews with staff confirmed their understanding of the cultural needs of Māori including in death and dying.</p> <p>Signage in both English and te reo Māori is evident throughout the facility.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>There is policy that defines guidelines and responsibilities of staff for reporting suspected abuse. It includes definition of abuse and guidelines for managing abuse. Staff receive orientation and mandatory training on abuse and neglect. Staff interviews confirmed staff awareness of their obligations to report any incidences of suspected abuse or neglect. Staff and family/whānau interviews confirmed there was no evidence of abuse or neglect.</p> <p>The admission agreement signed prior to occupation, provides clear expectations regarding the management and responsibilities of personal property and finances.</p> <p>Residents and/or their family/whānau provide consent for the facility to manage the resident's comfort funds. There was no evidence of</p>

		<p>abuse of resident property or possessions.</p> <p>There are policies and procedures to ensure that the environment for residents is free from discrimination, racism, coercion, harassment, and financial exploitation. They provide guidance for staff on how this is prevented and, where suspected, reported.</p> <p>Job descriptions include the responsibilities of the position, including ethical issues relevant to each role. Staff interviews confirmed awareness of their obligation to report any evidence of discrimination, abuse, neglect, harassment, and exploitation.</p> <p>Staff are required to sign and abide by the UCG code of conduct and professional boundaries agreement. All staff files reviewed evidenced these were signed. Staff mandatory training includes professional boundaries. Staff interviews confirmed their understanding of professional boundaries relevant to their respective roles. Interviews with residents and families/whānau confirmed that professional boundaries are maintained by staff.</p> <p>Resident interviews described that the service promotes an environment in which residents and their family/whānau feel safe and comfortable to raise any questions or concerns and that discussions are free and open.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>There is policy to ensure that residents and their family/whānau have the right to comprehensive information supplied in a way that is appropriate for the resident and/or their family/whānau and considers specific language requirements and any disabilities. An interview with the facility manager (FM) confirmed that where required, interpreters and advocacy services are accessed to ensure information is understood. Staff represent several ethnicities and can communicate with residents in their native dialect if the resident wishes. At the time of audit there were no residents that required an interpreter.</p> <p>There is a policy requiring that family/whānau are advised within 24 hours of an event occurring. Review of documentation, staff, and resident family/whānau interviews confirmed that timeframes are met</p>

		<p>regarding informing resident's family/whānau of events that have occurred.</p> <p>Staff, resident, and family/whānau interviews confirmed that family/whānau are included in resident care planning. Two monthly resident meetings and newsletters inform residents and families of facility activities. Family/whānau are welcome to attend all resident meetings. Meetings are advertised in the activities planner with reminders of what is coming up, placed on notice boards throughout the facility. Meetings follow a set agenda and are chaired by the FM. Meeting minutes, interviews and observation demonstrate attendance by residents and family/whānau. The minutes form captures issues raised and who is taking responsibility for follow up. The outcome of which is then discussed at the next meeting along with progress made. Resident meetings also offer an opportunity to provide feedback and make suggestions for improvement as well as raise and discuss issues /concerns with management. Copies of the activities plan, and menu are available to residents and their family/whānau.</p> <p>The resident agreement signed by the resident or enduring power of attorney (EPOA), confirms for residents what is and what is not included in service provision.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability</p>	<p>FA</p>	<p>There is an informed consent policy to ensure that a resident who has capacity/competence to consent to a treatment or procedure, has been given sufficient information to enable that resident to arrive as a reasoned and voluntary decision. This policy provides guidelines for staff to ensure adherence to the legal and ethical requirements of informed consent and informed choice. The policy includes a definition of consent, procedures and how this will be facilitated and obtained. Staff receive orientation and training on informed consent and all staff interviewed demonstrated their understanding of the procedures to uphold informed consent. The resident information pack includes information regarding consent. The clinical services manager (CSM) discusses and explains informed consent to residents and their family/whānau during the admission process to ensure understanding. This includes consent for resuscitation and completing advance</p>

<p>to exercise independence, choice, and control.</p>		<p>directives.</p> <p>There is a resuscitation order and advance directives policy to ensure that the rights of the resident are respected and upheld, and residents are treated with dignity during health and all stages of illness. The policy defines the procedure for obtaining an advance directive and who may or may not make an advanced directive. Verbal consent is expected for all activities of daily living, and specific consent is sought for end of life, advance care planning, and for the resuscitation decision.</p> <p>Informed consent of the resident and/or EPOA is documented. It includes consent to the release of medical information, medical review by other health professionals, medication administration, blood tests, vaccinations, consent to students, photographs on files and recreational activities such as outings.</p> <p>File reviews demonstrated that advanced directives and resuscitation orders are completed in accordance with policy. When required; advance care planning and EPOAs were initiated and documented.</p> <p>Cultural considerations are identified such as family/whānau support and the involvement of family/whānau in decision making.</p> <p>The informed consent policy acknowledges Te Tiriti and the impact of culture and identity of the determinants of the health and wellbeing of Māori residents. This policy requires health professionals to recognise these factors as relevant when issues of health care and Māori residents arise.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and</p>	<p>FA</p>	<p>The organisation has a complaints policy and process that is in line with Right 10 of the Code. The complaint process is made available in the admission agreement and explained by the FM and CSM on the resident's admission. The complaint forms are freely available throughout the facility.</p> <p>The FM is responsible for managing complaints. There had been 11 complaints over 2021/22. A complaints register is in place that</p>

<p>their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>includes the name of the complainant, date the complaint was received, the date the complaint was responded to, and the date the complaint was closed completing the form. Evidence relating to the investigation of the complaint is contained within the electronic document. Interview with the FM and a review of complaints indicated that complaints are investigated promptly, and issues are resolved in a timely manner.</p> <p>Interviews with the FM, staff, and residents confirmed that residents can raise any concerns and provide feedback on the service. Resident and family/whānau stated they had been able to raise any issues with the FM and CSM.</p> <p>A complaint made to Health and Disability Commission (HDC) in December 2021 had been closed in February 2022 by the HDC with no review or corrective actions requested of the facility.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Ultimate Care Manurewa facility is part of Ultimate Care Group (UCG) with the executive team providing direction to the service. The UCG governance body meets legislative, contractual, and regulatory requirements with commitment to international conventions ratified by the New Zealand government. The UCG governance body understands the obligation to comply with Ngā Paerewa NZS8134:2021 as confirmed during a recent video interview with the national relationships manager (NRM) for UCG.</p> <p>The annual strategic, business plan, has key outcomes which are resident centred, such as resident satisfaction, health and safety, complaints, education, and fiscal stability. These are monitored at board meetings. There is Māori representation at governance level. The CEO outlined the core competencies that executive management are required to demonstrate, and these include understanding of the services' obligations under Te Tiriti, health equity, and cultural safety.</p> <p>The organisation has a documented strategic plan incorporating vision, mission, and values statements. The organisation values were displayed in the facility and in information available to residents and</p>

		<p>family/whānau.</p> <p>The facility's Māori health plan describes how the organisation will ensure equity. The FM described how staff are encouraged to use basic te reo Māori phrases and upskill in Māori tikanga. Families/whānau are encouraged to have input into service improvement as confirmed in interview with resident's family/whānau.</p> <p>The UCG management team has a clinical governance structure in place, that is appropriate to the size and complexity of service provision. The clinical operations group report to the board monthly on key aspects of service delivery.</p> <p>The FM reports to a regional manager (RM) who oversees the facility's quality and operational performance. The RM holds a weekly video meeting with all FMs and the clinical services manager (CSM) in the region and maintains regular face to face contact. The RM and regional clinical lead (RCL) provided support to the facility during this audit.</p> <p>The FM is an experienced manager who has been in the role for 10 months. The CSM is a registered nurse (RN) who has led the clinical operations in the facility for two years. The CSM has a current annual practicing certificate. Both managers have completed at least eight hours educational training. In the absence of CSM a RN covers the role. In the absence of the FM the CSM or the RM provides cover dependent upon the length of absence.</p> <p>The service provides rest home, hospital level and respite care for up to 51 residents. Services are provided across three separate wings with all rooms in the rest home and hospital areas as dual purpose. At time of audit there were 40 residents, of these seven were receiving rest home level care, and 32 residents were requiring hospital level care. In addition, one resident was on respite care. Included in these numbers were four people under the Young People with Lifelong Disabilities (YPD) contract; two residents with intellectual and two with physical disabilities.</p>
--	--	---

		There were no residents with an occupation rights agreement (ORA).
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The organisation has an annually reviewed, executive team approved quality and risk management plan, developed with input from facility staff.</p> <p>The policy outlines the quality and risk management framework to promote continuous quality improvement. There are policies, procedures, and associated systems to ensure that the facility meets accepted good practice and adheres to relevant standards, including standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>There is an implemented annual, schedule of internal audits. Areas of noncompliance from the internal audits include the implementation of a corrective action plan with sign off by the FM when completed. Identified trends are raised for discussion within the quality meetings.</p> <p>A reporting tool has been implemented called the 'managers reflective report' to capture quality improvement initiatives as result of internal audit findings.</p> <p>Ultimate Care Manurewa has appointed the facility administrator as health and safety officer who has completed required training.</p> <p>The facility holds a comprehensive schedule for staff meetings for all staff that includes but is not limited to quality, health and safety, staff, infection control and prevention, with good staff attendance. Meetings minutes evidence that a broad range of subjects are discussed.</p> <p>At interview, through observation and resident meetings it was noted that residents were able to be involved in decision making/choices.</p> <p>Completed hazard identification forms and staff interviews show that hazards are identified. The hazard register is relevant to the service and has been regularly updated and reviewed.</p> <p>The facility follows the UCG national adverse event reporting policy</p>

		<p>for external and internal reporting (where required) to reduce preventable harm by supporting system learnings.</p> <p>Notifications to HealthCERT under Section 31 had been completed for the appointment of the FM and ongoing reporting regarding the lack of RN cover throughout 2021-22.</p> <p>The organisation's commitment to providing high quality health care and equality for Māori is clearly stated within the Māori Health Plan and policy.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>Ultimate Care Manurewa policy includes the rationale for staff rostering and skill mix inclusive of a facility managers 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 when there is full staff available. Rosters reviewed evidenced that staff were replaced when absent by other staff members picking up extra shifts and with the use of agency staff. However, some shifts were left short or without a registered nurse.</p> <p>The FM works 40 hours per week Monday to Friday and participates in the on-call roster for any non-clinical emergency issues. The CSM works 40 hours per week and is available for clinical support. Additional support is provided via the UCG on-call clinical support helpline.</p> <p>Laundry and cleaning staff are rostered on seven days a week.</p> <p>Five RNs are interRAI trained and care givers complete Careerforce training in New Zealand Qualification Standards (NZQA) to level four.</p> <p>There is an implemented annual training programme. Staff competencies, training and education scheduled are relevant to the needs of aged care residents.</p> <p>Annual resident and relative satisfaction surveys are completed, with a corrective action plan put in place to address areas identified as</p>

		<p>requiring improvement.</p> <p>Support systems promote staff wellbeing, and a positive work environment was confirmed in staff interviews. Employee support services are available as required, as well as support for staff and whānau during the coronavirus disease 2019 (COVID-19) lockdowns.</p> <p>The service collects both staff and resident ethnicity data to inform Māori health information reporting.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Human resource management follow policies and procedures which adhere to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed the organisation's policy is consistently implemented and records maintained. The recruitment processes include, police vetting, reference checks, signed contracts, and job descriptions. Current practising certificates were sighted for all staff and contractors who require these to practice. Personnel involved in driving the van held current driver licences and first aid certificates.</p> <p>Non-clinical staff include household and laundry personnel, a full-time maintenance person, and kitchen staff.</p> <p>There is documented and implemented orientation programme and staff training records show that training and education are attended. There was recorded evidence of staff receiving orientation, with a generic induction component specific to their roles on induction. Staff interviews confirmed completing this and stated it was appropriate to their role.</p> <p>Staff files reviewed evidenced that not all staff had completed annual performance reviews and documentation was incomplete.</p> <p>Staff competencies and scheduled training and education are relevant to the needs of aged care residents including those receiving hospital level care.</p> <p>Ethnicity data is collected, recorded, and used in accordance with</p>

		Health Information Standards Organisation (HISO) requirements.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Residents' records and medication charts are managed electronically. Residents' information including progress notes is entered into the resident's records in an accurate and timely manner. The name and designation of the person making the entry is identifiable. Residents' progress notes are completed every shift, detailing the residents' response to service provision.</p> <p>There are policies and procedures in place to ensure the privacy and confidentiality of resident information. Staff interviews confirmed an awareness of their obligations to maintain confidentiality of resident information. Resident care and support information can be accessed in a timely manner and is protected from unauthorised access.</p> <p>Records include information obtained on admission and information supplied from resident's family/whānau where applicable.</p> <p>The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals.</p> <p>National Health Index registrations of people receiving services meet the recording requirements specified by the Ministry of Health (MoH).</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p>	FA	<p>Information is available about Ultimate Care (UC) Manurewa in printed format from the service and is also available on the Ultimate Care Group (UCG) website, and the UC Manurewa website. Verbal and written information about the service is provided to those who phone or who visit in person. The Needs Assessment Service Co-ordination Association (NASC) holds information about the service. The facility manager emails the NASC service, Accident Compensation Commission (ACC), Respite Care Co-ordination Service, and the Primary Options for Acute Care (POAC) service weekly to update them regarding bed availability.</p> <p>A documented policy outlines entry criteria to the service and provides guidance to the facility manager and the clinical services manager</p>

<p>Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>who liaise together to manage the entry and declining of enquiring residents and their family/whānau.</p> <p>Entry to the service is usually a resident or family/whānau initiated process. If a bed is available and the resident fits the services admission criteria, an assessment and referral is generated by the NASC and sent to UC Manurewa. A copy of the NASC referral and level of care required by the resident was seen in all files sampled.</p> <p>The policy details the management for declining a resident access to the service. The facility manager advised that persons eligible for the service are not declined admission unless a bed is unavailable. Records of persons declined to the service because of bed unavailability are kept, however specific data relating to decline rates for Māori are not kept.</p> <p>Residents and whānau interviewed reported they were satisfied with the admission process, and that they were treated with respect and dignity throughout the process. Although Māori residents interviewed expressed satisfaction with the admission process and the delivery of care, meaningful partnerships with Māori organisations and health practitioners are not yet in place.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Residents have individualised support provided that meets the physical, cultural, spiritual, and social dimensions and aspirations of their wellbeing. Clinical records sampled reflected a model of care is implemented that is holistic and suitable for the service type. A registered nurse (RN) completes the resident's assessments (including interRAI) to inform and develop the long-term care-plan. Clinical files demonstrated that comprehensive assessments of the resident's wellbeing were undertaken on admission and included for example: skin integrity, pain assessment, falls risk, sleep patterns and behaviour. All records sampled contained evidence that the resident's made their own informed choices.</p> <p>All interRAI assessments were up to date at the time of the audit and resulting care-plans were documented and reflected the opportunities to improve the resident's health and wellbeing as raised in interRAI</p>

		<p>assessments. The progress notes, observation during the audit and interview with the resident's and their family/whānau confirmed that the care-plan interventions had been implemented.</p> <p>An electronic clinical record management system is used and the clinical records of all residents sampled were integrated including for example; correspondence from community health providers, interRAI assessment reports, the admission agreement, and a copy of the EPOA.</p> <p>The records' sampled contained evidence that communication with the general practitioner (GP) occurs regularly, as required, and the resident's sampled had seen the GP at least three-monthly. The progress notes documented the resident's daily activities and any observed changes in the resident's health status or behaviour. The clinical services manager (CSM) stated that changes in the resident's behaviour are considered early warning signs, and the record confirmed that where a change had been observed a RN had undertaken a full assessment of the resident, including vital signs, and developed a short-term care-plan as required. The GP had been notified when needed.</p> <p>Monthly vital signs and weights of residents were documented. The CSM undertakes an analysis of any significant trends monthly, and if a concerning trend is noted, a short-term care-plan is developed, and the GP is notified.</p> <p>Where progress is different to that expected, or the resident shows signs or symptoms of illness, vital signs are repeated, further assessments are performed as appropriate. The GP is notified and assesses the resident. Short term care plans are developed for acute conditions for example an infection or skin tear and reviewed by RN's and signed off when the condition had resolved, and this process was verified in records sampled.</p> <p>The GP was interviewed and confirmed residents were seen and assessed three monthly, and if the residents condition changes a registered nurse notifies the GP and requests a medical review. The</p>
--	--	--

		<p>GP confirmed that the residents receive responsive and effective care by the service provider, and that there is multidisciplinary team involvement which contributes to positive outcomes for residents.</p> <p>Records sampled of Māori residents confirmed that cultural preferences were incorporated into the care plan, and they, and whānau (when requested) were involved in identifying their own pae ora outcomes. Māori residents and whanau interviewed stated that care was provided in a manner that respected their mana, and that access to whanau and Kaumātua was encouraged.</p> <p>Although the provider is able to demonstrate that care is provided in a manner that supports Māori cultural values and beliefs tangata whaikaha do not participate in service development.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs an activity co-ordinator for 32 hours per week, who completed the diversional therapy training and anticipates being a qualified diversional therapist (DT) five weeks following the date of the audit. The activities co-ordinator was interviewed.</p> <p>The co-ordinator plans an activity programme that operates five hours per day, four days per week. The activities weekly programme was sighted on display throughout the facility. The weekly programme included a range of activities that integrated activities suitable for the rest-home and hospital residents. The programme included for example quizzes, colouring in, exercises and word search games. Planned outings occur for walks and/or sight-seeing.</p> <p>The delivery of the programme was observed during the audit and residents were seen to be engaged and having fun. Where a resident does not like the group activity the co-ordinator plans individual activities that the resident can participate in, in their own room, for example puzzles, books and listening to music. The coordinator visits the resident in their bedroom and talks with the resident about topics of interest.</p> <p>Clinical files sampled contained activity assessments and plans that identified the resident's interests and enhanced their strengths and</p>

		<p>skills; and was responsive to their identity. The co-ordinator described how the plans are reflected in the activity programme. Although the service facilitates Māori groups and whanau to visit and spend time with the residents, and residents are encouraged to go on outings into the community with friends and whanau as able, the workforce are not involved in supporting community initiatives that meet the health needs of Māori.</p> <p>Residents and family interviewed confirmed satisfaction with the programme, and stated it enhanced their well-being.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management system reflects current recommended best practice. There is an electronic programme for prescribing and recording the administration of medication. Medications are dispensed by the pharmacy using a pre-packaged system. The pharmacy delivers medications as required and disposes of unwanted medications. A RN checks the medications upon delivery. Medication administration is performed by RN's or care assistants who have completed an in-house medication competency programme. A medication round was observed, and staff demonstrated competency with administration.</p> <p>The medication room was locked, and the room temperature monitored. During the audit no medications were observed to be out of date. Eye drops, ointments and creams had a documented opening date. Controlled medications were stored appropriately and documentation of these reflected legislative requirements. The medication fridge was monitored daily for its temperature. All medication prescriptions were completed as per regulations, including the documentation of allergies and sensitivities. The GP had consistently reviewed the medication charts at three monthly intervals. Standing orders are not used in this service. Over the counter medications are discussed on admission with the resident and family/whanau by the RN and the GP. These are also reviewed at nursing care-plan reviews and at the GP three monthly reviews. Self-administration of medications is supported by the service for residents who wish to do so and have been determined as being competent by the RN and the GP. Three residents were self-administering their</p>

		<p>medication during the audit. One resident was interviewed and confirmed that the nursing staff monitored the medication self-administration process, and that the medication was kept in the residents' room, stored in a locked safe box, out of public view.</p> <p>Residents including Māori residents and their whanau, are supported to understand and access their medications, this was confirmed by residents and their whānau during interviews.</p> <p>Medication incidents are rare, however when an incident does occur the CSM reviews the factors that contributed to the incident and implements a corrective action plan. The GP interviewed stated that the medication systems and processes used were safe and appropriate to the service, and that reviews include analysis of the need for the medications prescribed.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All aspects of food management comply with current legislation and guidelines. There was a current food control plan with an expiry date of July 2023. The food service menu reflects the Ministry for Primary Industries (MPI) nutritional guidelines for the older person and had been approved by a registered dietician.</p> <p>Prepared food was covered, dated, and stored in the fridge. Cleaning records of the kitchen and its appliances were completed daily. Fridge and freezer temperature records were maintained, and records verified these were within acceptable parameters.</p> <p>Each resident has a nutritional assessment completed by a registered nurse on admission. The personal food preferences, individual dietary requirements and modified texture requirements were documented in the resident's clinical file, and a copy of this information was sighted in the kitchen.</p> <p>The cook was interviewed and discussed how the menu, food preparation, cooking and serving is undertaken with consideration of cultural values and beliefs, including Māori. Family and whānau bring food with cultural significance to a resident/s at times.</p>

		Residents and family/whānau stated that the meals met expectations, were nutritional and tasty. During the audit residents were observed to be eating meals in a clean and pleasant environment, and in an unhurried manner. Residents requiring assistance had this provided with dignity.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>A documented transfer and discharge policy guides staff to manage the transition, transfer, and discharge of residents safely. The CSM was interviewed and discussed the policy/process.</p> <p>Discharge is planned and facilitated with the resident and whānau involvement when a resident's health status is observed to be changing to a level of care that UC Manurewa are unable to provide. A RN and the GP collaborate to ensure appropriate care is provided as the residents needs change. The whānau are informed, and discussion occurs with the GP, CSM and the FM regarding the care requirements of the resident and ongoing care provision options. A RN completes an interRAI assessment that reflects the current care needs of the resident, and this information is provided to the needs assessment service for appropriate management.</p> <p>Acute transfers to the public hospital occur when there is a sudden change in the resident's health status and a RN and/or the GP determine the resident requires specialised care. Clinical records sampled contained a printable transfer summary in the electronic record, that is printed on discharge or transfer. This summary and a copy of the medication chart accompany the resident to the specialist service.</p> <p>Residents and whānau are given options to access other health and disability services and social support or Kaupapa Māori agencies as/if required. This was confirmed during interview with whānau.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and</p>	FA	<p>A current building warrant of fitness is displayed in the entrance to the facility. Buildings, plant, and equipment comply with relevant legislation.</p> <p>A preventative and reactive maintenance schedule is implemented.</p>

<p>move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>This includes monthly checks of all areas and specified equipment such as hoists. Staff identify maintenance issues on an electronic system. This information is reviewed by the maintenance person and prioritised. Interviews confirmed staff awareness of the process for maintenance requests and that repairs were conducted in a timely manner.</p> <p>Interviews with staff and visual inspection confirmed that there is adequate equipment available to support care. The facility has an up-to-date test and tag programme. Evidence of checking and calibration of biomedical equipment such as hoists was sighted. 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 functioning hoist. Staff interviews and documentation evidenced that those who drive the van have a current driver's licence and first aid certificate.</p> <p>Interview with the maintenance person confirmed a system is in place that records the temperature of the hot water across the facility at regular intervals. Anomalies are managed by the maintenance person.</p> <p>All areas can be accessed with mobility aids. There are accessible external areas and areas for residents and their visitors that are shaded and provide seating.</p> <p>There are adequate numbers of accessible showers, hand basins and toilets throughout the facility with visitors' toilets clearly identified.</p> <p>Communal toilets have a system to indicate vacancy and have disability access. All shower and toilet facilities have call bells, sufficient room, approved handrails, and other equipment to facilitate ease of mobility and to promote independence.</p> <p>Residents have their own room, and each is of sufficient size to allow residents to mobilise safely around their personal space and bed area</p>
---	--

		<p>with mobility aids and assistance.</p> <p>Observations and interviews with residents confirmed there is enough space to accommodate personal items, furniture, equipment, and staff as required. Observations and interviews with staff confirmed that space for hoists, wheelchairs, and walking frames is adequate.</p> <p>Most residents were observed to have their meals with other residents in the communal dining rooms but can have their meals in their rooms if they wish.</p> <p>All resident's rooms and communal areas accessed by residents have safe ventilation and at least one external window providing natural light. Resident areas are heated in the winter. The environment in resident areas was noted to be maintained at a satisfactory temperature. This was confirmed by staff and residents in interviews.</p> <p>Interview with the regional manager advised that in the event of additions to the facility Māori consultation and co-design would be accessed with the support of UCG head office staff.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Staff and training records demonstrated that orientation and mandatory training includes emergency and disaster procedures and fire safety. An approved fire evacuation plan was 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 staff competency register evidence that there is a system to ensure that staff maintain their first aid competency.</p> <p>The facility has sufficient supplies to sustain staff and residents in an emergency. Alternative energy and utility sources are available in the event of the main supplies failing. These include a gas barbeque for cooking, emergency lighting, and enough food, dressings, and continence supplies. The facilities emergency plan includes</p>

		<p>considerations of different levels of resident needs.</p> <p>All hand basins used for handwashing, including those in residents' rooms have access to flowing soap and paper towels. These were observed to be used frequently by staff and visitors.</p> <p>Call bells are available to summon assistance in all resident rooms, bathrooms, and communal areas. 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 of the residents, staff, and visitors. These include all visitors signing in and out of the building and the facility being locked in the evenings with restricted entry after hours.</p> <p>Visitors to the facility are advised of procedures to follow for various emergencies via posters displayed on noticeboards throughout the building. The senior staff member on duty provides further direction in the event of an emergency.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The governance body approved the implementation of an updated infection prevention (IP) programme that includes antimicrobial stewardship (AMS). The suite of policies and procedures within the programme are research based and reflect current best practice. Advice and expertise are provided to the governing body and facility staff as required by the provider of the programme. The organisation has an established pathway for issues to be reported to the governance body, via monthly reports from the CSM to the facility and regional manager and on to the executive officer. A step-by-step approach is used to manage significant events, and evidence of this was seen in documentation relating to two COVID 19 outbreaks in the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>The CSM is responsible for the implementation of the IP programme. The CSM has a reporting line to the facility manager, regional</p>

<p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>manager, and the executive officer.</p> <p>The IP and AMS programmes are reviewed annually and link to the quality programme, via the clinical oversight group (COG). The CSM and all RN's have access to the clinical files and diagnostic results of the residents. The CSM has the appropriate knowledge and skills for the role and had completed training related to infection control, including the AMS programme. During interview, the CSM confirmed access to relevant resources and support as required.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. Learnings from the implementation of the plan have been included in staff education plan updates. Sufficient resources of personal protective equipment (PPE) were sighted during the audit. Staff interviewed confirmed that adequate supplies of PPE are and have been available for use when required. They also confirmed that they had received training regarding donning and doffing and discussed the principles of appropriate mask use techniques. During discussion the staff confirmed they completed regular IP education and described the principles of infection prevention.</p> <p>There is a suite of IP policies that meet the requirements of this standard and reflect current best practice. Staff were familiar with the policies through education during orientation and ongoing training. Staff were observed to be practicing the principles of IP, for example using hand hygiene. Residents and their whānau are educated about infection prevention in a manner that meets their needs, and this was confirmed during interviews.</p> <p>The CSM confirmed input is given into any building modifications, purchasing of clinical equipment and supplies, and the review of policies and procedures.</p> <p>Single use items are not re-used, and this was confirmed during staff interviews and during observation during the audit.</p> <p>Signage around the facility includes advice regarding hygiene</p>
--	--

		practices, COVID 19 precautions, and actions required to minimise the risk of infection. Although the service has discussed plans to work in partnership with Māori to ensure culturally safe practices, and identified educational resources in te reo, these have yet to be implemented.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is considered by the RN's and the GP. There is a documented AMS policy that has been approved by the Clinical Oversight group (COG), and the governing body.</p> <p>The use of long-term prophylactic antibiotics is discouraged, instead there is a focus on improving the persons health and wellbeing, for example looking at the resident's food and fluid intake. A monthly report is generated by the CSM reporting the number and type of infections and an analysis that includes the antibiotic course implemented, and the causative organism, identified by a laboratory report. An antibiotic prescribing report is also available via the medication management system.</p> <p>The GP interviewed confirmed antibiotic prescribing occurred as per best practice guidelines sourced from Auckland Region Health Pathways, or/and Best Practice Advocacy Centre New Zealand (BPAC), and laboratory services.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and</p>	FA	<p>Surveillance of health care-associated infections is appropriate to the size and type of service. The surveillance programme is documented, and standard definitions are used relating to the type of infection acquired. The surveillance programme is a component of the Infection Control Programme and has been approved by the Board and reflects national surveillance programmes and guidelines.</p> <p>The CSM reports the collated and analysed surveillance data monthly to the facility manager and to the head of clinical services (HoCS), these are presented to the Board by the HoCS. At COG and staff meetings trends are discussed and plans to reduce causative factors are identified and instigated. The service is working towards capturing</p>

<p>with an equity focus.</p>		<p>ethnicity data as a part of the surveillance report.</p> <p>Residents who develop an infection are informed of this and their family/whānau are advised, in a culturally appropriate manner, and this was confirmed during residents and whānau interviewed.</p> <p>Since the last audit there have been two outbreaks of infection, both COVID 19. The first outbreak was in March 2022, when 22 residents were affected, none required hospitalisation. The outbreak affected three wings and lasted 24 days. The second outbreak was in June and lasted seven days. The outbreak was confined to one wing and four residents were affected; no residents were hospitalised.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are written policies and procedures related to the management of waste and hazardous substances. Staff interviewed confirmed they had been oriented to these and were able to access them if required. Domestic waste is removed as per local authority requirements. Hazardous waste for example sharps, are removed by an authorised collection agency. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the rooms in which the chemical were used/stored. Cleaning trolleys were stored securely when not in use. Personal protective equipment (PPE) was available and included masks, gloves, aprons, and goggles. Staff were observing using PPE and discussed donning and doffing techniques.</p> <p>The service employs three cleaners. The hospital wings have a cleaner on site four hours per day, seven days per week, The rest-home wing has a cleaner on site one hour per day seven days per week. The facility was observed to be clean, and residents and family/whānau interviewed confirmed that the facility was kept clean, and they observed cleaners on site every day. Education records confirmed that the cleaning staff had received orientation to the role and completed annual training presented by a suitable agency.</p> <p>Cleaning and laundry staff and other personnel who carry out laundry tasks, have attended training appropriate to their roles, such as safe</p>

		<p>use of chemicals.</p> <p>Laundry services are completed on site seven days per week. After the rest-home has been cleaned the cleaner becomes the laundry person for three hours. The laundry was visited, and it was observed that clean and dirty laundry was kept separated. Heavily soiled items were pre-rinsed prior to being placed in the washing machine. Items of clothing requiring special care for example woollens were washed and dried separately. When the laundry person is not on site the caregivers operate the laundry. Caregivers interviewed described the laundry process and confirmed they had been orientated to the process.</p> <p>Residents and whānau reported satisfaction with the laundry service.</p> <p>The cleaning and laundry services are audited six monthly by the facility manager and results are shared with the CSM as part of the internal audit programme. Feedback from residents relating to cleaning and laundry services are monitored by the FM. Review of the most recent audit did not reveal any issues.</p> <p>The CSM confirmed involvement in the oversight and monitoring of the facilities' environment.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The HoCS was interviewed and stated that a new restraint policy is being finalised that is committed to a restraint free environment and the governance board has supported this policy. The current policy reflects best practice and focuses on de-escalation techniques and assessment of the resident's wellbeing. The policy meets the requirements of this standard. Any restraint use is reported to the HoCS who investigates the rationale for the use of restraint. In addition, all restraint use is critically reviewed and analysed at the national three-monthly COG of which all CSM's attend. Education records confirmed that all staff were trained in de-escalation and alternatives to restraint use, which included consideration of the resident's cultural needs. This was verified during staff interviews. There were no restraints in use during the days of the audit.</p>

<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Although there were no residents using a restraint during the audit, one resident had been using a T-belt restraint up until two months prior to the audit. The resident's file was reviewed and confirmed that the restraint co-ordinator (a RN) had assessed the resident, including a cultural assessment prior to the implementation of the restraint. A restraint care plan had been documented, which included the frequency and type of monitoring, and the long-term care plan documented the resident's cultural, physical, psychological and wairuatanga needs and considerations. The record confirmed that the monitoring had been completed as per the care-plan. The restraint register was sighted which documented the type of restraint, the reason for the restraint, alternatives trialled, the impact of the restraint and a summary of the evaluation undertaken. The restraint co-ordinator had completed an evaluation of the use of the restraint, and this was present within the resident's clinical record. The evaluation met all required aspects as per this standard.</p> <p>There is a restraint committee that is comprised of the restraint co-ordinator, the CSM, a RN, two caregivers and the activities co-ordinator. The committee meets three monthly and debriefs and reviews any restraint use. Meeting minutes were sighted and verified that the committee reviewed the use of the restraint for the resident, and considered the residents activity plan, physical health, whānau needs and any injuries. The committee also considered the restraint education needs of staff. The residents need for ongoing restraint had been discussed at a restraint committee meeting, the outcome was to discontinue the restraint. Options to observe and monitor the resident for safety purposes was discussed, and this was documented in the care-plan. The progress notes confirmed the options have been implemented.</p> <p>The service had not used any emergency restraint; however the policy provides guidance should it be required.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I</p>	<p>FA</p>	<p>The restraint committee meets three monthly and minutes sighted confirmed that the committee discuss and analyse all restraint use as per the requirements of this standard. Comprehensive reviews of the use of restraint also occur at the three-monthly COG meetings, and</p>

<p>can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>this was confirmed during interview with the CSM and the HoCS.</p>
---	--	---

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>This audit was undertaken during a national RN shortage and the finding is reflective of the challenges presented by this situation. Consequently, the service is not always able to meet the requirements of the age-related residential care services agreement with Te Whatu Ora Health New Zealand for 24/7 registered nurse cover. Ultimate Care Group have implemented risk mitigation strategies including introducing the help line for clinical issues. The FM with the assistance of head office human resources staff is actively advertising and recruiting for vacant positions. The ongoing staffing issues are continually escalated, and the organisation is committed to problem solving to reduce risk whilst staffing issues continue to create gaps in the roster and impact on care delivery.</p>	<p>There were a number of shifts that did not have a registered nurse on duty.</p>	<p>The service is to ensure there are always sufficient registered nurses on duty to provide culturally and clinically safe services.</p> <p>90 days</p>

<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Low</p>	<p>Staff files reviewed outlined that not all health care and support workers had an opportunity to discuss and review their performance annually. Staff files did not consistently hold the relevant information relating to performance reviews.</p>	<p>i) Not all staff had been given an opportunity to discuss and review their performance annually.</p> <p>ii) Copies of documentation was not consistently maintained on staff files.</p>	<p>The provider is to ensure all health care and support workers have an opportunity to discuss and review their performance annually and that complete and accurate documentation of the process is maintained on the staff file.</p> <p>90 days</p>
--	---------------	--	--	---

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.