

# The Ultimate Care Group Limited - Ultimate Care Rose Court

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## 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:

<b>Legal entity:</b>	The Ultimate Care Group Limited
<b>Premises audited:</b>	Ultimate Care Rose Court
<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: 27 September 2022    End date: 28 September 2022
<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>	44

# 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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

### Key to the indicators

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

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

## General overview of the audit

Ultimate Care Rose Court is part of Ultimate Care Group Limited. It is certified to provide services for up to 75 residents requiring rest home or hospital level services. There were 44 residents on the first day of the onsite audit. The facility is managed by a facility manager and a clinical services manager. There have been no significant changes since the last audit.

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

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

There were no areas identified as requiring improvement.

## Ō tatou motika | Our rights

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

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.		Subsections applicable to this service fully attained.
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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 systems are 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.

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 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 residents and staff information.

## Ngā huarahi ki te ora | 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.

Information is provided prior to and upon entry to service to residents and their family/whānau in accessible formats. This information includes entry criteria and service provision. Initial assessments are completed by registered nurses within the first three weeks following admission and inform the residents care plan. Medical assessments are completed by the general practitioner on admission and medical reviews occur regularly.

InterRAI assessments are undertaken and inform the long-term care plan. Care plan development occurs within the required timeframe, implementation is documented, and evaluations recorded six monthly or sooner.

Communication between shifts is managed effectively through an established handover process.

Medication management is consistent with accepted policy, guidelines, legislation, and best practice. Staff who administer medication are trained and competent.

There is an activities programme in place, informed by residents and facilitated by two activities coordinators. Oversight of the programme is provided through a diversional therapist. The programme includes individual and group activities and represents a range of interests. Connectedness to the community is encouraged and facilitated through community outings.

The food service is provided onsite to meet residents' individual preferences and dietary requirements. Cultural considerations are included and provided. Residents and families/whānau confirmed their satisfaction with meals and snacks provided.

## 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 preventive 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 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 equipment/supplies and they attend regular fire drills.

Waste and hazardous substances are managed safely. Staff use personal protective equipment appropriately. Chemicals and equipment are safely managed and stored securely.

## 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.

Infection prevention and antimicrobial stewardship programmes are in place, and informed by the organisations policies, procedures, and plans.

An infection control nurse leads the programmes. Staff education, training and competency assessments are completed. Infection data is collected, analysed, and informs the facilities response to trends and outbreaks. Antimicrobial prescribing is monitored. Staff are provided with up-to-date surveillance information. Governance provide feedback to staff on infection control reports received.

There has been one outbreak of COVID-19 recorded in August 2022 since the previous audit. The facilities outbreak response was in keeping with the COVID-19 plan, regional, national and policy requirements. Debriefing is completed with staff following an outbreak.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The organisation has policies, procedures, and guidelines in place to inform the safe assessment, planning, monitoring, and review of restraint. Staff receive training around restraint minimisation and the management of challenging behaviour. A senior registered nurse is the restraint co-ordinator and leads the organisations restraint response to minimising the use of restraint. There have been no approved restraints used since the previous audit.

## 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	28	0	0	0	0	0
Criteria	0	172	0	0	0	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>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. It defines and explains cultural safety and its importance, including Te Tiriti o Waitangi and tikanga best practice. All current staff have completed training.</p> <p>At 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 resident's 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 training of Māori staff will be encouraged however, at time of audit this</p>

		<p>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 Mataranga 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>All resident and family/whānau interviews stated they were satisfied with the choices they were provided regarding their care, activities and services provided. There were no residents who identified as Pacific peoples, accessing the service.</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>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>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 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</p>

		<p>their family/whānau to be involved in care planning.</p> <p>Residents and/or their family/whānau are provided information on the Code as a part of their admission information pack documentation on admission to Ultimate Care (UC) Rose Court. This information supplied includes documentation on the complaints process and additional information for example advocacy services. Posters, door signage, and a feature notice board were all visible in te reo Māori and English 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 responds 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>	FA	<p>The provider ensures that residents and whānau are involved 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 that they assist residents to choose the clothing they wish to wear. Resident and family/whānau interviews and observation confirm 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 upheld. These policies 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</p>

		<p>entering, ensure that doors are shut when personal cares are being provided and residents are suitably covered or clothed when taken to the bathroom. Interviews and observation confirmed that staff maintain confidentiality and are discreet, holding 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, Māori language week and resident interviews confirmed the recent introduction of a hāngi was well received.</p> <p>Interviews with staff confirmed awareness of the importance of involving family/whānau in the delivery of care. Staff also described an 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>	FA	<p>There is policy that defines definitions, guidelines, and responsibilities for staff to report suspected abuse. Staff receive orientation and mandatory training on abuse and neglect. 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 manager (FM) to manage the resident's comfort funds. There was no evidence of abuse of resident property or possessions. Discussion with residents and family/whānau confirmed that resident property is respected and well cared for.</p> <p>There are policies and procedures to ensure that the environment for residents is free from discrimination, racism, coercion, harassment,</p>

		<p>and financial exploitation. They provide guidance to staff on how this is prevented and, where suspected, the reporting process.</p> <p>Job descriptions sighted 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. Discussion with staff 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 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>	FA	<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 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 policy requiring that family/whānau are advised within 24 hours of an event occurring. Review of documentation, staff, resident, and family/whānau interviews confirmed that timeframes are met regarding informing resident's family/whānau of events that have occurred.</p> <p>Documentation sighted, plus staff, resident, and family/whānau interviews evidenced that family/whānau are included in resident care</p>

		<p>planning. Two monthly resident meetings and newsletter inform residents and their family/whānau 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 and staff and resident interviews demonstrate attendance by residents and their family/whānau. The meeting minutes capture issues raised, who is taking responsibility for follow up, the outcome of which is then discussed at the next meeting, and the 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 to exercise independence, choice, and control.</p>	FA	<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 the resident to arrive at a reasoned and voluntary decision. It 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 informed choice. All staff interviewed demonstrated they are cognisant 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 advance directives.</p> <p>There is a resuscitation order and advanced 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 advanced</p>

		<p>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 and 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 their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The organisation has a complaints policy 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 or 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 four complaints over 2021/22. A complaints register is in place that 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 received indicated that complaints are investigated promptly, and issues are</p>

		<p>resolved in a timely manner.</p> <p>Interviews with FM, staff, residents confirmed that residents can raise any concerns and provide feedback on the service. Residents and family/whānau interviewed stated they had been able to raise any issues with the FM and CSM and were aware of the complaint process.</p> <p>There had been no HDC complaints received at time of audit.</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>	FA	<p>The Ultimate Care Rose Court 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.</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 CE 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 their 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</p>



		<p>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 head of clinical (HOC) provided support to the facility during this audit.</p> <p>The FM is an experienced manager who has been in the role 14 months. The CSM is a registered nurse (RN) who has led the clinical operations in the facility for 16 months. The CSM has a current annual practising 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 RM provides cover, dependent upon the length of absence.</p> <p>The service is certified to provide rest home, hospital level and respite care for up to 75 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 44 residents, of these 20 were receiving hospital care and 24 were receiving rest home level care. Included in these numbers was one resident on respite care.</p> <p>There were no assessed residents with an occupation rights agreement (ORA).</p>
<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</p>	FA	<p>The organisation has an annually reviewed, executive team approved, quality and risk management plan, which was 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</p>

<p>improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>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 because of internal audit findings.</p> <p>The Ultimate Care Rose Court FM takes the responsibility for the health and safety within the facility. The FM has completed training pertinent to the role. The maintenance person is also undergoing this training.</p> <p>The facility holds a comprehensive schedule for all staff meetings 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, and the documentation review of resident meeting minutes, it was noted that residents are 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 for external and internal reporting 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 at times, throughout 2021-22.</p> <p>The organisation's commitment to providing high quality health care and equality to Māori is clearly stated within the Māori Health plan and policy.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>Ultimate Care Rose Court policy includes the rationale for staff rostering and skill mix as well as the facility 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. Rosters reviewed evidenced that staff were replaced when absent, by other staff members picking up extra shifts and the use of local nursing agencies.</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 after hours. 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>Four registered nurses (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 and education 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 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 Coronavirus disease (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,</p>	FA	<p>The human resource management system follows policies and procedures which adhere to the principles of good employment practice and the Employment Relations Act 2000. Review of staff</p>

<p>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>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 used for resident outings 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 a documented and implemented orientation programme and staff training records show that training and education is attended. There was recorded evidence of staff receiving orientation, with a generic 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 evidence that staff have completed annual performance reviews, and documentation was complete.</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 Health Information Standards Organisation (HISO) requirements.</p>
<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>Resident's 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</p>

		<p>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. 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>	FA	<p>There is a policy and process in place that supports information provision to prospective residents and/or their family/ whānau. The entry criteria, screening and selection processes are detailed within the policy, and guide practice. Information is available through the organisation's website or through direct enquiry to the facility. Hard copy information can also be provided upon enquiry.</p> <p>Services could be declined if the care required is not within the scope to the service or if the facility is at capacity. Suggestions for alternative services are provided as required should services be declined, and information related to the decline provided to the referring agency. The Needs Assessment and Co-ordination (NASC) agency works closely with the facility to ensure referrals are managed appropriately within the service limitations and capacity.</p> <p>The admission process confirms the collection of ethnicity data including iwi and hapū for Māori residents. Community relationships with kaumatua/Māori cultural advisors is established and accessed where identified. Staff interviewed discussed the requirements and limitations for the resident's service suitability.</p> <p>Clinical files reviewed confirmed entry to service was completed appropriately including residents who identify as Māori.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	FA	<p>Initial assessments are completed by the RN following the residents' admission. Consultation with the resident, family/whānau/EPOA is undertaken, and the outcome documented within the required</p>

<p>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>timeframe. Information collected includes dietary needs, pressure injury, falls risk, social history and cultural needs alongside information gained from pre-entry assessments.</p> <p>The individualised long term care plans (LTCPs) are developed within three weeks following admission and are informed by the initial assessments, the interRAI assessment and consultation with the resident/family/whānau. Plans reviewed confirmed they were resident centred, individualised, included medical information, activities of daily living, support needs and interventions to meet the resident goals, including detailed cultural goals.</p> <p>Where indicated, short term care plans (STCP) were developed for acute issues. Clinical files review confirmed STCPs were in place for acute issues. Wound STCPs were comprehensive and provided appropriate, and detailed information to guide care provision. Photographs were taken, uploaded into the residents electronic file, updated regularly, and documentation related to the progress of treatment provided. Specialist input is accessed as required and informs the STCP.</p> <p>Consent documentation once completed, in hard copy is uploaded into the electronic patient management system. Consent documentation for care provision, information sharing, and outings were completed in all files reviewed.</p> <p>Resident activities assessments are completed by the activities coordinator (AC) within three weeks of admission and inform the residents individual activity plan. A range of information is gathered from the resident, their family/whānau and/or EPOA to include previous occupations, family history, interests and preferences for group or individual activities. Information collected during the RN clinical assessment process informs activities and includes limitations related to sensory and mobility challenges. Reviews occur in keeping with the six-monthly care plan reviews. During interview, staff discussed the cultural assessments undertaken for residents who identified as Māori, and the outcomes of activities designed to meet the resident's needs. Review of activity assessments/plans confirmed the activities programme/individual plans were informed by residents,</p>
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		<p>provided individual activities to meet preferences, had reviews completed, and were culturally informed.</p> <p>Medical oversight is provided through a contracted local medical practice in Christchurch with a general practitioner (GP) providing weekly visits. Clinics are arranged by the CSM. An efficient system and processes are in place to ensure all residents requiring review are seen during the weekly GP clinic visit. Medical on call is facilitated through the same practice and provided seven days a week. Acute issues are managed through additional GP consultation/visits with advice sought as required, for example from medical specialists or hospice staff. The initial medical assessments are completed by the GP within the first three days following admission. Assessments are ongoing with exceptions for medically stable residents recorded three-monthly. Family interviews and documentation confirmed communication is completed if residents experience a change in health status. During interview the GP confirmed communication with facility staff was comprehensive and completed in a timely manner when any change in resident condition occurred. Weekly visits were reported as efficient and well organised.</p> <p>There are two physiotherapists (PTs) who provide services to Rose Court. Weekly visits are completed with additional consultations arranged as required. Physiotherapist's assessments are also considered during the development of resident's activities plans. Interviews confirmed PTs were positive around their plans being followed at times when PTs were not on site. Education and training is also provided by PTs for facility staff as part of their mandatory training.</p> <p>Wound management was reviewed and evidenced STCPs are developed in a timely manner. Where residents had more than one wound, a separate plan was developed for each wound. In all STCPs reviewed, photographic evidence was uploaded into the electronic patient information system at regular intervals. If wounds require specialist input, this is facilitated as needed, documented, and reflected in the STCP. Plans reviewed included documented evidence of pain assessment and management. Staff report access to a variety of regular wound healing resources. There is a process in place to</p>
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		<p>facilitate efficient access to out-of-routine wound supplies.</p> <p>Service continuity is managed through a range of verbal and documented processes. Policies guide practice and staff confirmed their obligations regarding resident information and communication. A shift handover was observed with registered nurses (RN) and Health Care Assistants (HCA) in attendance and confirmed an established process was in place to communicate resident information between shifts. Review of resident's electronic files confirmed progress notes are maintained including resident weights and vital sign assessments. Residents confirmed assessments were undertaken privately, generally within the resident's room or in the weekly private clinic space.</p> <p>Review of plans for Māori residents are completed individually, appropriately and indicate preferences for external cultural engagement, internal staff support, food and activity preferences, communication, and family/whānau needs/requirements. Staff are engaged in learning basic te reo Māori, staff interviewed discussed their support to grow the cultural footprint for staff, residents, family/whānau and visitors.</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>	FA	<p>There is an activities programme in place implemented Monday to Friday by two activities coordinators (AC) with oversight provided from an offsite diversional therapist (DT) One AC is experienced and the other has commenced DT training. The activities programme is reviewed by the DT and available to residents' family and staff, on notice boards and in the residents' rooms, in large print. There is a range of activities provided throughout the day and arranged for staff to facilitate during the weekend. One-on-one support is provided as required and documented in the resident's clinical file. Activities includes bag toss, board games and indoor golf (observed).</p> <p>Resident input occurs through bi-monthly meetings and the programme is informed through feedback received. Outdoor activities are encouraged weather permitting. The facility has its own vehicle for use. Outings are facilitated fortnightly with both ACs in attendance and can include shopping excursions. Community activities include scenic rides and afternoon teas at the seaside. Residents who are</p>



		<p>able, contribute to leading newspaper reading, and other weekend activities.</p> <p>Activities documentation is completed to include assessments, social history, individual plans, plan reviews and coincide with the multi-disciplinary team (MDT) reviews. Culturally appropriate considerations are informed by residents who identify as Māori or Pacific peoples, their whānau and/or EPOA. Documentation reviewed confirmed appropriate input had been sought for Māori residents, including whānau consultation and regular evaluation and review.</p> <p>Residents were observed participating in activities during the audit and provided positive feedback on the programme. Family members interviewed were positive about the activities provided and the level of satisfaction expressed by their family member.</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>	FA	<p>The organisation has medication management policies and procedures that meet legislative requirements, guidelines, and best practice. There is an electronic medication management system in place. Staff complete orientation to the electronic system upon employment. Medication administration and management training and competency assessments are completed for HCAs and RNs administering medications. Residents are educated as required around the medications they use, what they are for, and any side effects. A mid-day medication round was observed and met safe practice requirements. There was one resident at rest home level care, self-administering two medications, maintaining their independence and choice. The residents' medications are stored safely in a lock box situated in a locked cupboard in their room.</p> <p>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 are documented on the electronic medication chart and in the resident's electronic record.</p> <p>The facility has recently contracted to a new local pharmacy. A signed contract was available and meets all requirements for the supply of prescribed medications and on-call pharmacy support. Pre-packaged</p>

		<p>medicines are checked by the RN following 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. Observation confirmed these are removed regularly to ensure unwanted medications are not stored unnecessarily.</p> <p>There are two medication rooms on site. Observation confirmed medications are stored appropriately, and weekly checks undertaken. Six monthly pharmacy checks are completed and signed. No anomalies were noted with drug counts onsite. Controlled drugs were reviewed and meet legislative requirements. Appropriate signing with two signatures for controlled drugs is maintained. Fridge temperatures are monitored daily, and records maintained. The administration of pro re nata (PRN) medication recorded effectiveness, in files reviewed. There were no expired medications identified during the medication stock review. Sign off on standing orders is completed by the GP and is up to date. Review confirmed records are maintained of all staff who administer medications to include orientation, education, training, and competency assessment annually.</p> <p>The medication policy outlines the prescribing requirements related to the use of over-the-counter medications and traditional Māori medications. Staff interview confirmed that where over the counter or alternative medications were being used, they were added to the medication chart following discussion with the resident and/or their family/ whānau and were signed by the GP. There were no over-the-counter medications or traditional Māori medications in use at the time of the medication review.</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>	FA	<p>Nutritional assessments are undertaken for each resident, on admission, to identify the residents' dietary requirements and preferences. Information is provided to the kitchen staff and updated when required. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>Residents' participation in food preparation and the dining experience</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>is encouraged and supported. Meals are prepared onsite, and residents can choose to enjoy the company of others in the dining room or eat in the comfort of their own room. A midday meal service was observed in the main dining room. Residents provided positive feedback on the meal, and the presentation and size of the meal. Plating was carefully completed to ensure meal presentation was appealing including soft options. Assistance is provided for residents requiring support with meals. Families interviewed stated that they were satisfied with the meals provided.</p> <p>The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been reviewed by a dietitian. The food control plan expiry date is April 2023. The kitchen staff have relevant infection control training. The kitchen was observed to be clean with staff wearing appropriate clothing. Food was stored appropriately with additional resources onsite in case of an emergency.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Resident transfers are managed through an established process in keeping with the organisations transfer and discharge policy. Consultation with the resident family/whānau is undertaken and documented regarding potential or actual transfers, and the rationale for the decision. Resident and family/whānau considerations are included in decision making. Advance directives are considered. Staff interviewed discussed the transfer and discharge processes and requirements for documentation and communication.</p> <p>Referrals are made electronically or by phone, with referral documentation reviewed and managed appropriately in the resident's file. Staff described professional relationships between services. Hospice staff were onsite during the audit and confirmed timely referrals to hospice services. Transfers are medically supported through daytime or afterhours support. Interview confirms facility staff provide appropriate information related to potential urgent transfers. Specialist service transfers are facilitated as required through an established process. All transfer information reviewed, included communication to the referrer, including information related to the resident's diagnosis, current needs, medication and identified risks.</p>

		<p>Family communication was documented and consistently provided.</p> <p>Residents are provided with information related to health and disability services and contacts provided as required. This includes Māori and Pacific services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>A current building warrant of fitness is displayed in the front entrance to the facility. Buildings, plant, and equipment comply with legislation.</p> <p>A preventative and reactive maintenance schedule is implemented. This includes monthly checks of all areas and specified equipment such as hoist. Staff identify maintenance issues within a hard copy folder, with follow up managed via 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 who informs the FM as required.</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, handbasins and</p>

		<p>toilets throughout the facility with visitors' toilets clearly identified.</p> <p>Communal toilets have a system to indicate vacancy and provide 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 safety and 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 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>Staff interviews confirmed that in the event of additions to the facility Māori consultation and co-design would be accessed with the support of UCG head office staff and local Māori links that are currently in place.</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>	FA	<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. Training and education records reviewed, and staff interviews confirm that fire wardens received fire warden training and staff have undertaken fire</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>training.</p> <p>The staff competency register evidence that there is a system to ensure that staff maintain 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, water, dressings, and continence supplies. The facilities emergency plan includes considerations of different levels of resident needs.</p> <p>All hand basins used for handwashing, including those in residents' rooms, have access to free-flowing soap and paper towels. These were observed to being used frequently by staff and visitors.</p> <p>Call bells are available to summons assistance in all resident bedrooms 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 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 to the building after hours.</p> <p>Family/whānau are aware of the security measures and fire systems with notices placed on notice boards throughout the facility which clearly outline which fire zone you are in and what action to take 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</p>	<p>FA</p>	<p>The organisations strategic plan ensures infection prevention (IP) and antimicrobial stewardship (AMS) plans and programmes are in place to provide an environment that minimises the risk of infection to residents, staff, and visitors.</p> <p>There are senior clinical nursing positions in place. Staff appointed to these positions have training and experience in IP. Additional IP resource can be accessed externally through a contracted service.</p>

<p>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>		<p>The AMS and IP framework include escalation pathways to the Ultimate Care board through the chief executive. The organisations reflection report ensures that there is feedback to operations on the IP reports received by governance.</p> <p>There are policies and procedures in place to manage significant events. A whole of organisation/stakeholder/health partner approach is undertaken with input from the infection control nurse (ICN), the national clinical team, the GP, public hospital experts and the Public Health team. Expertise is sought as required through primary health teams/personnel/ services such as the regional microbiologist or hospital IPC nurse.</p> <p>The CSM is the facilities ICN and has completed training. A ICN job description is signed and current. Staff discussed the ongoing access to routine and pandemic resources through the public hospital and report adequate onsite supply.</p> <p>Facility meetings include infection control reports. Internal audits are completed, and infection related data collected, collated, and analysed to inform surveillance activities. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</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>	FA	<p>There is an infection prevention (IP) program in place suitable for the type, size, and complexity of the service. The programme is linked to the organisational strategic plan and is reviewed annually.</p> <p>There are policies and procedures in place, compiled by members of the infection control committee and organisations IP team. Policies include hand hygiene, aseptic technique, transmission-based precautions, prevention of sharps injuries, prevention and management of communicable infectious diseases, management of current and emerging multidrug-resistant organisms (MDRO), outbreak management, single use items and acquired infections. Staff discussed best practice related to single use items and could access the policy and guidelines if required.</p> <p>There is an experienced IP nurse with a current job description who</p>

		<p>facilities and manages the IP programme. The IP nurse facilitates the education/training and is supported by the IP committee. The committee includes regulated and non-regulated staff and meets monthly to inform and facilitate the IP plan. Staff confirmed mandatory IP education provided in the last 12 months is appropriate and easy to understand. Education can be accessed in te reo Māori as required online. Audits are completed and reviewed. Resources are managed to meet the requirements of the resident group. Outbreak resources are supplied through the regional hospital. Staff were observed providing appropriate IPC practice.</p> <p>There are outbreak plans in place including a specific COVID-19 outbreak plan. A recent COVID-19 outbreak (August 2022) confirmed the plan was implemented and appropriately in a timely manner. Support from the GP and other external services was documented including all on call advice. The GP confirmed, during interview, the appropriate clinical management of the outbreak and the medical support provided for the onsite clinical care of residents. A debriefing session was arranged for staff following resolution of the outbreak. Debriefing was facilitated by expert hospice staff in response to the loss of residents through the outbreak period. Staff reported the debriefing session was valuable and provided context and reassurance to all involved. Families were supported through communication provided at both organisation and facility level. Families interviewed expressed gratitude to staff for maintaining communication through the isolation period. Families were also supported to be near their family member during the isolation period, through appropriate access to residents, where safely indicated.</p>
<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</p>	FA	<p>There are policies and guidelines for antimicrobial prescribing available to inform practice. Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. Senior management report to the board through the CE around AMS and prescribing practice. Trends are identified both at site level and national level. Feedback occurs in the UCG reflection report.</p>



prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance activities are undertaken as part of the IP programme and form the basis for collecting, collating, and analysing information related to infections.</p> <p>Monthly infection data is collected for all infections and based on standard definitions. Data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are developed where trends are identified. Activities are discussed at monthly meetings or sooner if required as in the case of outbreak management. Meeting minutes are available to staff and communicated during shift handover. Progress notes and clinical records document infections for individual residents. Short term care plans are developed to guide care for all residents with infections. There are processes in place to isolate infectious residents when required. Resident file reviewed confirmed documentation related to infections is maintained. Data related to the recent outbreak was utilised to monitor and inform the management processes of the outbreak. Ethnicity data is collected at organisational level.</p> <p>Staff educate residents, as required, around the management of their own IPC practice including hand washing, use of antibacterial gels and isolation. The facility has multiple stations for the safe management of hand hygiene. Safe IP practice was observed onsite.</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</p>	FA	<p>There are written policies and procedures related to ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances, that comply with current legislation and local authority requirements. Staff receive training at orientation on the safe handling of waste and hazardous substances. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in appropriate areas. Sharps are removed by an external contracted service.</p> <p>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</p>

<p>environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>discussed donning and doffing techniques.</p> <p>There are cleaning staff employed to clean the facility. This was confirmed in residents and family/whānau interviewed. The facility was observed to be clean.</p> <p>Cleaning and laundry staff have completed orientation training appropriate to their roles, including the safe use of chemicals.</p> <p>Laundry services are completed on site. The laundry services are managed safely, with appropriate delineation in the storage and transport of clean and dirty laundry. Residents and whānau reported satisfaction with the laundry service.</p> <p>The facility has appropriate systems in place to audit and monitor cleaning and laundry services as part of the internal audit programme, with IP nurse oversight. Residents are able to raise concerns about cleaning and laundry services through resident meetings and satisfaction surveys.</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>There are policies and procedures available to facilitate the safe minimisation of restraint practice.</p> <p>Restraint assessment includes the identified needs, alternatives tried, associated risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected or potential outcomes and when the restraint will end. Internal audit is undertaken to include restraint practice and include the effectiveness of restraints, staff compliance, safety, and cultural considerations.</p> <p>Prior to any restraint practice implementation, the facility representatives consult with senior organisational leaders to ascertain if all alternatives can be explored. There is a strong emphasis on choosing alternatives. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered. Staff discussed the minimal use of restraint and potential implications of restraint use, on both the resident and their family/whānau.</p>

		There were no residents using restraint during the time of the onsite audit or in the preceding six-month period reviewed.
<p><b>Subsection 6.2: Safe restraint</b></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>	FA	<p>The restraint policy outlines the process for restraint assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, potential impact on the family/whānau, any relevant life events/personal history, any advance directives, expected outcomes and when the restraint will end.</p> <p>The restraint coordinator interviewed described the process of discussing alternatives with the resident, family/whānau, the GP, and staff taking into consideration Māori cultural practices. Alternatives are identified to ensure all possibilities are tried. These include low beds, perimeter mattresses, and sensor mats and chair alarms. If restraint is used, documentation includes the method approved, when it should be applied, frequency of monitoring and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process. Staff confirmed in interview that should restraint occur they had received training and were competent to manage safe restraint practice when all alternatives had been explored.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality, staff, and clinical meetings. Evaluation includes a review of the process and documentation, including the resident's care plan and risk assessments, future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings and at the organisation's national restraint committee meetings.</p>
<p><b>Subsection 6.3: Quality review of restraint</b></p> <p>The people: I feel safe to share my experiences of restraint so I 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>	FA	<p>A review of documentation and interview with the UCG national restraint co-ordinator confirmed that there was monitoring and quality review of the use of restraints. Internal audit includes review of restraint minimisation. The effectiveness of restraints, staff compliance, safety, and cultural considerations were included in the clinical audit. Staff are required to monitor and document restraint use including adverse events. The restraint policy was under review at the time of the audit. Staff stated that any potential changes to policy are discussed with them. Interviews with staff including RNs and HCAs</p>

As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.		confirmed that the use of restraint is only used as a last resort.
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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# Specific results for criterion where a continuous improvement has been recorded

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

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End of the report.