

The Ultimate Care Group Limited - Lansdowne Court

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 Lansdowne Court
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 April 2023 End date: 28 April 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	34

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Ultimate Care Lansdowne Court is part of the Ultimate Care Group Limited. It is certified to provide services for up to 34 residents requiring rest home or hospital level services. The facility is managed by a nurse manager who is supported by a registered nurse team leader. There have been no significant changes since the last audit.

This certification audit was conducted against the Ngā Paerewa Health and disability services standard NZS 8134:2021 and the service contracts with Te Whatu Ora Wairarapa. The audit process included review of policies and procedures, review of resident and staff files, observations and interviews with staff, residents, whānau, and a general 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 are fully attained.
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The service complies with Health and Disability Commission Code of Health and Disability Consumer's Rights (the Code). Residents receive services in a manner that considers their dignity, privacy, independence and facilitates their informed choice and consent. Care plans accommodate the choices of residents and/or their whānau.

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, and relationship status.

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

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

An experienced and suitably qualified nurse manager ensures the management of the facility with the support of a registered nurse team leader. A regional manager supports the nurse manager.

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

There were 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 were in place to ensure the secure management of resident 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 are fully attained.
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Information is provided in accessible formats to residents and their whānau on entry. Consultation occurs regarding entry criteria and service provision with the referring agency and the community assessment team. Preadmission visits are arranged, and ongoing communication takes place. There are established partnerships with local Māori community groups and individuals to support Māori residents and their whānau to access and/or enter the service. Staff who identify as Māori are available to support the admission process and appropriate care provision to Māori residents. Residents who identify as Māori or Pacifica have their needs met in a manner that respects their cultural values and beliefs.

The community assessment documentation is used to identify residents' needs prior to admission. Further assessments are completed by the registered nurses within the required timeframes. The interim care plan guides care during the first three weeks. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Long term care plans are developed and implemented. Residents' files demonstrated evaluations were completed as required. Handovers between shifts guide continuity of care and teamwork is encouraged.

There are policies and processes that describe medication management and align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. Medication practice observed onsite met with policy and process requirements.

The activity programme is managed by a diversional therapist. The programme provides residents with a variety of individual and group activities and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. Residents and family confirmed satisfaction with meals 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 are 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 of and manoeuvring of mobility aids and provision of care. Lounges and dining areas 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, and use of emergency equipment/supplies. Alternative essential energy and utility sources are available in the event of the main supplies failing.

Emergency and security arrangements are outlined to all people using the services and/or entering the facility.

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 are fully attained.

The infection prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the service and include policies and procedures to guide staff.

The nurse manager leads the infection control programme. Infection data is collated, analysed, trended, and reported to the Board. Antimicrobial prescribing is monitored. Monthly surveillance data is reported to staff.

There are organisational COVID-19 prevention strategies in place including a COVID-19 pandemic plan. There have been two COVID-19 outbreaks since the last audit which were managed according to internal policy, contract, and legislative requirements. Notifications and debriefing activities were completed as required.

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 are fully attained.

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

There have been no recorded incidents of restraint since the last audit. Staff have completed restraint elimination and safe practice training. Information related to restraint is available at governance level and to facility staff. Quality meetings include restraint practice.

Staff confirmed a partnership approach with Māori residents regarding restraint and how this would be achieved in practice.

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	27	0	0	0	0	0
Criteria	0	167	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 organisation has developed 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 (TOW) and tikanga best practice. All current staff have completed training.</p> <p>The organisation has a Māori health action plan that recognises the principles of TOW and describes how the Ultimate Care Group (UCG) responds to Māori cultural needs in relation to health and illness. The health plan outlines that the recruitment of Māori staff will be encouraged and interview with the UCG national programme manager (NPM) evidenced what strategies are in place to promote and enhance this. 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 ensuring any</p>

		<p>resident who identified as Māori would have the opportunity to have whānau involved in their care. Documents are provided in te reo Māori where possible.</p> <p>The organisation has developed links and partnerships with local iwi and community Māori organisations as outlined by the nurse manager. Contact details for key people are easily accessible on notice boards. At time of audit there were residents that identified as Māori residing in the facility.</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>	FA	<p>The Pacific Plan outlines the provider's commitment to providing culturally safe care and clearly defines the cultural and spiritual beliefs of Pacific peoples. The policy is underpinned by Pacific models of care with Ultimate Care Group senior staff accessing information to support the plan from Pacific communities. However further work is required to formalise the partnership between UCG and the Pacific community. Information gathered during the admission process includes identifying a resident's specific cultural needs, spiritual values, and beliefs.</p> <p>Interview with the NPM outlined how a strategy has been implemented that ensures that a Pacific health and wellbeing workforce is recruited, retained, and trained across the organisation. This strategy has been prioritised to embed across all services.</p> <p>There were residents who identified as Pacific on day of audit.</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 organisation has implemented policies and procedures to ensure that services are provided in a manner that upholds resident rights and complies with 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 part of their orientation. Staff interviews confirmed awareness of the Code. Evidence that the Code is implemented in everyday practice includes maintaining residents' privacy, providing residents with choice, and providing opportunities for residents and their whānau to be involved</p>

		<p>in care planning.</p> <p>Residents and/or their whānau are provided information on the Code as part of their admission process to Lansdowne Court. The information supplied includes documentation on the complaints process and additional information for example advocacy services. Residents and whānau interviewed outlined they had received or sighted the documentation regarding resident rights and were aware of the complaint process. Posters, door signage, and feature notice boards were all visible in te reo Māori and English throughout the facility.</p> <p>Policy and practice include ensuring that all residents including any Māori residents right to self-determination is upheld and they can practise their own personal values and beliefs. The Māori health action plan identifies how UCG responds to Māori cultural needs in relation to health and 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 discussions and choices regarding maintaining independence. Resident, whānau, staff 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 Provider has policies and procedures that are aligned to the requirements of the Privacy Act and Health Information Privacy Code to ensure that resident's rights to privacy and dignity are upheld. Residents, whānau, and staff interviewed plus observations confirmed that staff knock on doors before entering, ensure doors are shut when personal cares are being provided, and confidentiality is maintained when staff are holding conversations that are personal in nature.</p> <p>Staff receive training in tikanga best practice and have additional resources available in the nurse's station to provide ongoing guidance. Culturally appropriate national celebrations have been introduced such as Matariki, Waitangi Day and residents have</p>

		<p>partaken in a boil up meal.</p> <p>Interviews and observations evidenced that te reo Māori is supported throughout the facility. The nurse manager outlined that staff are in the process of learning basic phrases in te reo Māori and correct pronunciation. The organisation supports tāngata whaikaha to do well with documentation reviewed outlining how staff will support with goal setting and achievement within all aspects of service delivery.</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 includes definitions, guidelines, and responsibilities for staff to report suspected abuse. Staff receive orientation and mandatory training in abuse and neglect. Interviews confirmed staff awareness of their obligations to report any incidences of suspected abuse or neglect. Staff and 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. Residents and/or their whānau provide consent for the administrator to manage the residents comfort funds. Discussion with the administrator evidenced that an appropriate system is in place that ensures the safe management of resident's comfort funds. Residents and/or their whānau provided further confirmation that resident property is respected.</p> <p>There are policies and procedures to ensure that the environment is free from discrimination, racism, coercion, harassment, and financial exploitation. They provide guidance to staff on how this is prevented and, where suspected, the reporting process. Job descriptions sighted included the purpose of the role, responsibilities, and reporting lines.</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 managing professional boundaries. Discussion with staff confirmed their understanding of professional boundaries relevant to their respective roles. Residents and/or whānau confirmed that</p>

		<p>professional boundaries are maintained by staff.</p> <p>Residents described how the facility promotes an environment in which they and/or their whānau feel safe and comfortable to raise any issues and discussions are free and open.</p> <p>A review of documentation and interviews with staff evidenced that the organisation has prioritised the introduction of the Māori model of care Te Whare Tapa Wha across service delivery.</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 whānau have the right to comprehensive information, supplied in a way that is appropriate and considers specific language requirements and any disabilities. The nurse manager confirmed that where required, interpreters are accessed from Te Whatu Ora. At time of audit there were no residents that required an interpreter. A resident's advocate is readily available to provide independent support to ensure resident rights are taken seriously and are respected.</p> <p>There is policy requiring that whānau are advised within 24 hours of an event occurring. Review of documentation, staff, and whānau interviews confirmed that timeframes are met, and open disclosure had occurred where required following an event involving a resident.</p> <p>Two monthly resident/whānau meetings inform residents and their whānau of facility activities. 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 nurse manager. Meeting minutes plus staff and resident interviews demonstrate attendance by residents and their whānau. The meeting minutes capture issues raised, and who is taking responsibility for follow up, the outcome of which is discussed, and the progress made. Resident meetings also offer an opportunity to provide feedback and make suggestions for improvement. Copies of the menu and activities plan are available to residents and their whānau.</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 treatment or procedure, has been given sufficient information to enable them 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 choice. Additional guidance is provided for staff in the event the resident is unable to provide consent.</p> <p>Staff receive orientation and training on informed consent and informed choice. All staff interviewed demonstrated they were cognisant of the procedures to uphold informed consent. The resident information pack includes information regarding consent. A registered nurse explains and discusses informed consent to residents and their whānau during the admission process to ensure understanding. This includes consent for resuscitation and advanced directives. All resident records sampled, had signatures for consent with enduring power of attorney (EPOA) signatures noted for those residents who were not competent. Additional consents signed for included student nurse participation in their care and resident photos.</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. It requires health professionals to recognise these as relevant when issues of health care and Māori residents arises. The nurse manager outlined that the provider could access additional support within their community should they require specific guidance in relation to tikanga and consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints</p>	FA	<p>The organisation has a complaints policy that is line with Right 10 of the Code. The complaint process is made available in the admission agreement and explained by the admitting registered nurse. Complaint forms are easily accessed within the facility and the UCG website enables complaints to be logged online.</p> <p>The nurse manager is responsible for managing complaints. There had been three complaints over the last two years. A complaints register is in place that includes the name of the complainant, date</p>

<p>in a manner that leads to quality improvement.</p>		<p>the complaint was received, the date the complaint was responded to, and the date the complaint was closed. Evidence relating to the investigation of the complaint is contained within the electronic document. Interview with the nurse manager and a review of the complaints received indicated that complaints are investigated promptly, and issues resolved in a timely manner.</p> <p>Interviews with the nurse manager, staff, residents, and whānau confirmed that residents can raise any concerns and provide feedback on the facility. Residents and whānau interviewed stated they had been able to raise any issues with the senior team and were aware of the complaint process. The facility can access appropriate cultural support for Māori residents when required to navigate the complaints process.</p> <p>It was reported that there had been no complaints to external agencies since the last 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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Ultimate Care Lansdowne Court facility is part of Ultimate Care Group (UCG) with an executive team providing direction to the facility. The UCG governance body meets legislative, contractual, and regulatory requirements. The UCG governance body understands and has a commitment to the Ngā Paerewa NZS8134:2021 as outlined in a recent discussion with the chief executive (CE) 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 CE outlined the core competencies that executive management are required to demonstrate, and these include understanding the organisations obligations under Te Tiriti, health equity and cultural safety.</p> <p>The organisation has a documented strategy plan incorporating vision, mission, and values statements. This document is reviewed annually by the executive team and the board. The organisations values were displayed in the facility and within information available</p>

		<p>to residents and whānau.</p> <p>The Māori health action plan describes how the organisation will ensure there are no barriers to equitable service delivery. The nurse manager described how staff are encouraged to learn and use basic te reo Māori phrases and continue to upskill in Māori tikanga. Whānau are encouraged to have input into service improvement as confirmed in interview with resident's 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 nurse manager reports to a regional manager (RM) who oversees the facility's quality and operational performance. The RM holds weekly video meetings with all the facility/nurse managers in the region and maintains regular face to face contact. The NPM provided additional support for this audit. The nurse manager is a registered nurse and has been in the role for three years.</p> <p>The facility provides rest home, hospital level and respite care for up to 34 residents. At time of audit there were 34 residents, 17 of which receiving rest home level care, and 17 receiving hospital level care.</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 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. The plan outlines the identified internal and external organisational risks and the quality risk framework utilised to promote continuous quality improvement. There are policies, procedures, and associated systems to ensure that the Provider 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 include the implementation of a corrective action plan with sign off by the nurse manager when completed. Identified trends are monitored and raised for discussion within the quality meetings. A reporting tool has been implemented called the</p>

		<p>'managers reflective report' to capture a broad range of clinical information across all facilities.</p> <p>The Ultimate Care Lansdowne Court nurse manager takes the responsibility for health and safety within the facility. The facility has made a commitment to ensuring staff across the facility are aware of the importance of health and safety and incorporate additional staff training to the training schedule.</p> <p>The Provider holds a comprehensive schedule for all staff meetings that includes but is not limited to quality, health and safety, staff, infection prevention, with high staff attendance evident in meeting records reviewed. Meetings follow a set agenda with a broad range of topics discussed. At interview, and the documentation review of resident meeting minutes, it was noted that residents are involved in decision making/choices.</p> <p>The Provider follows the UCG National Adverse Event Reporting Policy for external and internal reporting. The nurse manager outlined that there had been no requirement for any Section 31 notifications to HealthCERT since the last audit.</p> <p>The organisation's commitment to providing high quality health care and equity for Māori is clearly stated within the Māori health action plan and policy. This includes appropriate education for all staff, supporting leaders to champion high quality health care and ensuring that resident values guide all clinical decisions.</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>	FA	<p>The organisations staffing policy includes the rationale for staff rostering and skill mix inclusive of a nurse managers roster allocation tool to ensure staffing levels are maintained at a safe level.</p> <p>The nurse manager works 40 hours per week Monday to Friday and is available after hours if required for any operational or clinical issues. The registered nurse team leader works 40 hours per week Monday to Friday. Laundry and cleaning staff are rostered seven days a week. There is one Registered nurse and four care givers on the morning shift, one registered nurse and three caregivers on the afternoon shift and the night shift consists of one Registered nurse</p>

		<p>and two care givers. The organisation has implemented an afterhours call system for staff to obtain clinical guidance and support. Six registered nurses have completed interRAI training.</p> <p>There is an implemented annual training program. Staff competencies, training, and education scheduled are relevant to the needs of aged care residents. The attendance training records were sighted with the Nurse manager taking accountability for ensuring all staff attend training as is required.</p> <p>Current cultural safety training schedule provides staff with resources to support their practice and achieve equitable health outcomes.</p> <p>Support systems promote staff wellbeing, and a positive work environment was confirmed in staff interviews. Employee support services are available as required.</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>	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 records confirmed the organisation's policy is consistently implemented and records maintained. The recruitment process includes police vetting, reference checks, and signed contracts. Job descriptions included accountabilities and responsibilities specific for the role. Current practising certificates were sighted for all staff and contractors who require these. Personnel involved in driving the van used for resident outings held current driver licences and first aid certificates. Nonclinical staff include household and laundry personnel, part time maintenance person, and kitchen staff.</p> <p>There is documented and implemented orientation programme and staff training records show that education is attended. There was recorded evidence of staff receiving orientation covering essential components of service delivery with specifics relating 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</p>

		<p>performance reviews, and documentation was complete.</p> <p>Information held about health care and support workers is kept in a secure location with confidentiality maintained. The NPM outlined that staff ethnicity data is collected and a review of staff records provided additional evidence this was in place.</p> <p>Management ensure opportunities are provided for staff to be involved in a debrief and discussion following significant events and can provide ongoing support where required.</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.</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 all 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 whānau where applicable. The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals.</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</p>	FA	<p>On enquiry, an information booklet detailing entry criterion is provided to prospective residents and their whānau. This information is also available on the internet.</p> <p>On admission residents and their whānau are provided written and verbal information with any questions raised answered by staff. Admission packs provide comprehensive information. The information is available in multiple languages, written in plain language citing key messages. Interpreters are available and used</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>as required to ensure resident understanding is achieved. Staff interviewed reported they could access interpreter services if required.</p> <p>There were documented entry policies and processes in place and staff interviewed were able to discuss these in detail. Review of residents' files confirmed that entry to service complied with entry criteria. Information relating to admission, discharge and decline rates is analysed by the board via the monthly reflections report.</p> <p>Residents and whānau interviewed reported they were treated with respect throughout the admission process and understood the rationale for information required during the process, for example EPOA status. They also confirmed that any questions raised were answered by staff in relation to admission, including waiting times.</p> <p>The service has a process in place if access is declined. It requires that residents and their whānau, the referring agency, the general practitioner (GP) and/or nurse practitioner (NP) are informed of the decline to entry. Alternative services when possible are offered and documentation of reason in internal files. Interview with NM confirmed that there had been no declines to the service since the last audit. A person would be declined entry if not within the scope of the service or if a bed was not available.</p> <p>The admission policy requires the collection of information that includes but is not limited to ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Interviews with residents and whānau and review of records confirmed the admission process was completed in a timely manner. Ethnicity, including Māori, is being collected and analysed by the service.</p> <p>The organisation has established relationships with the iwi of the region including local Māori health providers, organisations, individuals, and communities to ensure appropriate support for tāngata whenua.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	<p>FA</p>	<p>The Provider has developed a model of care specific to older persons. Staff interviewed described the model of care and how the</p>

<p>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>model informed care delivery. Resident care plans are developed using an electronic system. Registered Nurses are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Initial care plans are developed with the residents/EPOA consent within the required timeframe. They are based on data collected during the initial nursing assessments and on information from pre-entry assessments completed by the Needs Assessment Service Co-ordination (NASC) or other referral agencies. The assessments include information about, but not limited to, the resident's medical history, pain, nutrition, mobility, skin condition, early warning signs (EWS), cultural needs, spiritual wellbeing, and documentation of the resident's life experience. Assessments reviewed had been completed in consultation with the resident and whānau. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>The residents' activities assessments are completed by the diversional therapist (DT) in conjunction with the RN within three weeks of the residents' admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>The individualised long term care plans (LTCPs) are developed with information gathered during the initial assessments and from the interRAI assessment. These are completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. Short term care plans are developed for acute problems for example infections.</p> <p>The GP visits the facility weekly. The initial medical assessment is completed by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is</p>
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		<p>documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service, that they were informed of concerns in a timely manner and that care was of a high standard. The facility has access to an after-hours service. A physiotherapist visits the facility weekly and reviews residents referred by the NM or RNs.</p> <p>Staff interviewed and education records sighted confirmed that staff had completed cultural training. Staff interviewed discussed how they implemented the learnings of tikanga Māori into their practice and provided examples.</p> <p>Resident and whānau interviews confirmed multidisciplinary team (MDT) meetings for reviews were undertaken with the residents and EPOA/whānau. The provision of care reflected in the care plan is consistent with, and contributes to, meeting the residents assessed needs, goals, and aspirations. Support is identified for whānau. Staff discussed service provision to include providing services free from stigma and those which promote acceptance and inclusion.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all unwitnessed falls. Any changes in the resident's condition are documented. There are escalation processes in place for clinical change and staff were able to discuss these. Clinical records sampled confirmed that where escalation had occurred as required this had been documented appropriately. Interviews with medical and nursing staff confirmed the processes was undertaken consistently.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs</p>
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		<p>of all residents in the facility and that they have access to the supplies and products they require to meet those needs.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes. The clinical records sampled demonstrated that reviews of the resident care were ongoing with MDT meetings completed a least six monthly. Handover meetings between each shift ensure residents progress towards meeting identified goals was discussed. Where progress was different from that expected, changes to the resident's care plan were made and actions implemented. This was verified in clinical files reviewed and during staff and resident interviews.</p> <p>The organisation has developed policies and procedures in conjunction with the other relevant services and organisations to support tāngata whaikaha. These services and organisations had representation from tāngata whaikaha. Interviews with staff confirmed that staff were able to facilitate tāngata whaikaha access to information should this be required.</p> <p>The residents who identified as Māori have a Māori health care plan in place which describes the support required to meet their needs. Staff discussed their understanding of support required for Māori and whānau to identify their own pae ora outcomes in their care or support plan, how these could be achieved and documented if required.</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</p>	FA	<p>The residents' activities programme is developed and implemented by a DT. Activities for the residents are provided Monday to Friday 9.30am to 4pm. At weekends movies and other activities are available. The activities programme is displayed in the communal area and on the individual resident notice boards. The activities programme provides variety in the content and includes a range of</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the DT occur regularly.</p> <p>On admission the DT discusses with the resident their cultural requirements, these are documented.</p> <p>Church services are held fortnightly. Regular van outings into the community are arranged. Information was displayed for residents and family/whānau related to service aligned community groups. Free Wi-Fi is available for resident/whānau use.</p> <p>The programme is culturally diverse and tailored to the needs of the residents. Whānau participation in the programme is encouraged. Staff interviewed confirmed that they have completed Māori cultural awareness education and that they supported residents who identify as Māori to spend time at home with their whānau as desired. Staff interviewed confirmed that the involvement of Māori and Pacifica in the delivery of services is encouraged.</p> <p>Regular resident meetings are held and include discussion around activities. The DT interviewed confirmed that activities were resident driven. The residents and whānau reported satisfaction with the activities provided. Over the course of the audit residents were observed engaging and enjoying a variety of activities including an outing into the community.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</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>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed. 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 service uses pharmacy pre-packaged medicines that are checked by the RN on delivery. All medications sighted were within current use by dates. A system is in place for returning expired or</p>

		<p>unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily and are within the required range.</p> <p>Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration. Weekly checks of medications and six monthly stocktakes are conducted in line with policy and legislation.</p> <p>The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The RN oversees the use of as required medications. medicines and documentation made regarding effectiveness was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the NM or RN. Medication information for residents and whānau can be accessed from the Medsafe website, the GP and pharmacist as required.</p> <p>There were three residents self-administering medication on the day of the audit. The residents' clinical files were reviewed, and the residents and an RN interviewed. The residents' medication files confirmed self-administration of several medications, this was clearly recorded. Staff check during medication rounds to ensure medication has been taken as required and this is documented. Self-administration competency documentation was sighted, this was current and signed by the resident and GP. Reviews were carried out in accordance with UCG policy. The residents have a lockable drawer in their bedroom for storage of medication, this was observed. Residents confirmed satisfaction with the self-administration process.</p> <p>There were no standing orders in place. The UCG medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with a medical practitioner. Interview with the GP, NM and RN confirmed that where over the counter or alternative medications were being</p>
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		used, they were added to the medication chart following discussion with the resident and/or their whānau. The GP confirmed that recently they had worked with a Māori resident and their whānau who wished to use complementary Māori medications, and this had been successful.
<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>	FA	<p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements, allergies / sensitivities, and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, allergies/ sensitivities, likes and dislikes of residents. These are accommodated in daily meal planning.</p> <p>All meals are prepared on site and served in the dining room or in the residents' rooms as requested. Residents can participate in food preparation as part of the activity programme. The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. Residents and 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 approved by a New Zealand Registered Dietician dietitian, with the winter menu implemented at the time of audit. The food control plan expiry date is August 2024.</p> <p>The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p>

		<p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. For Māori residents' information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori health plan. There are opportunities for Māori residents to request special diets and this was confirmed in staff interviews.</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>	FA	<p>There are policies and processes that guide the transition, transfer, and discharge of residents. Staff interviewed were aware of the procedures required and discussed these during the onsite audit.</p> <p>Documentation reviewed evidenced that transition, exit, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and whānau. The service facilitates access to other medical and non-medical services. Residents and/or whānau are advised of options to access other health and disability services and social support or Kaupapa Māori agencies if indicated or requested.</p> <p>Staff interviewed were able to discuss other health and disability services and/or social support agencies that were suitable for the residents. Brochures were displayed in the facility that provided information about a range of community health and social support agencies. When needed, referrals are sent to ensure other health services, including specialist care is provided. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed whānau are kept informed of the referral process.</p> <p>Interviews with the NM and RN and review of residents' files confirmed there is open communication between services, the resident, and the whānau. Relevant information, including identified risk is documented on a discharge plan and communicated to health providers. The facility uses the 'yellow envelope' system for transfers to another service or facility. Follow-up occurs to check that the resident is settled.</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. A preventative and reactive maintenance schedule is implemented. This includes monthly checks of all areas and specified equipment such as hoists. Staff identify maintenance issues 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. The maintenance person works in tandem with the nurse manager to ensure hazards are identified, documented in the hazard register, and reviewed. The nurse manager maintains the responsibility of ensuring the register is current.</p> <p>Interviews with staff and visual inspection confirmed there is adequate equipment available to support care. The facility has an up-to-date electrical testing and tagging programme. The schedule for checking and calibration of bio-medical equipment was sighted. There is a system to ensure that the facility van 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, with those responsible for operating the hoist completing additional training.</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 nurse manager as required.</p> <p>All areas can be accessed with mobility aids. There are accessible external areas for residents and their visitors that are shaded and provide seating. Each bedroom has an ensuite, and adequate numbers of toilets and hand basins available for visitors. 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</p>

		<p>and 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. Observations and interviews with staff evidenced that space for hoists, wheelchairs, and walking frames is adequate.</p> <p>All resident's rooms and communal areas accessed by residents are ventilated with at least one external window providing natural light. Resident rooms are heated in the winter and cooled in the summer. The environment in resident areas was noted to be maintained at a satisfactory temperature. This was confirmed by staff, residents, and whānau.</p> <p>Staff interview confirmed that in the event of additions to the facility Māori consultation and co-design would be accessed with the support of UCG head office staff, and the linkages in place with local iwi and Māori organisations.</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>	FA	<p>Staff and training records demonstrated that orientation and mandatory training includes emergency and disaster procedures plus fire safety. An approved fire evacuation plan was sighted. Interviews with staff and review of documentation confirmed that emergency evacuations are held at least six monthly. There is a sprinkler system installed throughout the facility with smoke alarms and exit signage displayed. Training and education records plus staff interviews confirm that fire wardens received fire warden training and staff have undertaken emergency evacuation training.</p> <p>The staff competency register evidenced that there is a system to ensure that staff maintain first aid competency.</p> <p>The facility has sufficient supplies to sustain residents and staff in an emergency. Alternative energy and utility sources are available in the event of the main supplies failing. These include a gas barbeque, emergency lighting and enough food, water, dressings, and continence supplies. The facilities emergency plan includes considerations of different levels of resident needs.</p>

		<p>Call bells are available to summons assistance in all resident rooms, ensuites, 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 residents, staff, and visitors. These include visitors signing in and out, staff wearing the organisation uniforms with name badges, security lighting and the facility being locked in the evening with restricted entry to the building after hours.</p> <p>Whānau are aware of the security measures and emergency systems with notices placed on notice board 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 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>Infection prevention (IP) and antimicrobial stewardship (AMS) are an integral part of the UCG strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection prevention programme.</p> <p>The Ultimate Care Group senior leadership team (SLT) have as part of their senior management team personnel with expertise in IP and AMS. Expertise can also be accessed from “Bug Control” who supply the UCG with infection control resources.</p> <p>There is a documented pathway for reporting IP and AMS issues to the UCG Board. The clinical team report to the UCG general manager (GM) who reports to the board. The UCG reflection report ensures that reporting occurs from governance back to site level.</p> <p>Policies and procedures are in place to manage IP. Significant IP events are managed using a stepwise approach to risk management and receive the appropriate level of organisational support. Ethnicity data is collected for infections and reported through established reporting mechanisms such as the reflection reports.</p> <p>External resources and support are available through external specialists, microbiologist, GP, wound clinical nurse specialist and Te Whatu Ora Wairarapa when required. Overall effectiveness of the</p>

		<p>programme is monitored by the facility management team.</p> <p>The NM is the infection prevention and control nurse (IPCN) and has completed training for the role. A documented and signed role description for the IPCN was sighted. The IPCN reports to the national clinical manager.</p> <p>Infection control reports are discussed at the facility's meetings. The IPCN has access to all relevant resident data to undertake surveillance, internal audits, and investigations. 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>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is reviewed annually and is linked to the quality and business plan. The UCG clinical operations group (COGS) involve staff at site level in the review of policies and procedures, the IPCN has input when IP policies and procedures are reviewed.</p> <p>Policies and procedures reflect current best practice relating to infection prevention and control and include policies for 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, healthcare acquired infection (HAI) and the built environment. Single use medical devices are not reused. Cleaning and laundry management policies are also in place.</p> <p>Infection prevention and control resources including personal protective equipment (PPE) were available should a resident infection or outbreak occur. Observation confirmed these were appropriately used including masks, aprons, and gloves. There are ample reserves onsite and a system and process in place if additional stock is required. The IPCN has responsibility for purchasing equipment/resources for infection prevention in collaboration with the national office. Staff were observed to be</p>

		<p>complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The IPCN is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services. Staff have completed infection control education in the last 12 months. The IPCN has access to an online training system with resources, guidelines, and best practice. Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation. Hand sanitisers and gels are available for staff, residents, and visitors. Ministry of Health and Covid 19 information is available to all visitors to the facility.</p> <p>The IPCN has completed infection control audits. There is a process to review outcomes and audit compliance. Audit outcomes are benchmarked against other UCG facilities, and this information is available to the facility staff and to the Board. Compliance with the audit schedule was confirmed through review of records and benchmarking data provided.</p> <p>Infection prevention input into new buildings or significant changes occurs at local national level and involves the NM and the senior leadership team.</p> <p>The outbreak and the pandemic plans were implemented successfully during the COVID-19 pandemic and have been reviewed and tested at regular intervals. Two COVID-19 outbreaks have occurred since the previous onsite audit. The documentation reviewed confirmed these were managed to meet policy and contract requirements. Debriefing meetings were completed. During interview, the GP confirmed the infection prevention and control (IPC) process undertaken during the outbreaks was appropriate, timely and prevented avoidable spread of infection. Required reporting to Public Health, Te Whatu Ora Wairarapa and Ministry of Health for the outbreaks was completed and was confirmed onsite through interview and document review.</p>
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		<p>A range of interventions have occurred in relation to COVID–19 including visitor testing as required. Processes continue to be reviewed and changed in line with current accepted practice and national guidelines with different variants emerging including the national staff testing programme.</p> <p>Educational resources in te reo Māori can be accessed online if needed. All residents are included and participate in IP. Staff are trained in cultural safety.</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 prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antimicrobial stewardship programme (AMS). The AMS programme is developed and implemented to optimise antimicrobial use and to minimise harm. There are approved policies and guidelines for antimicrobial prescribing.</p> <p>Infection prevention and control data is collected and analysed. Once submitted it includes all surveillance data such as the infection management system and AMS surveillance outcomes alongside audits for infections. The medication management system captures surveillance data on antibiotic reporting, allergies/sensitivities for the AMS programme. Staff outlined how cultural advice is accessed when indicated to ensure the IPC programme remains culturally safe. The ICPN attends relevant education for IPC and AMS. All new staff receive induction/orientation including infection prevention and this is available on-line. The ICPN provides planned and opportunistic education for staff.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. Further discussion takes place at senior management level and is reported to the board. Trends are identified both at site level and national level. Feedback occurs in the UCG Reflection Report. The effectiveness of the AMS programme is continually evaluated, and any areas identified for improvement are used for quality improvement. Reporting including analysed data is included in the monthly quality report through to the Board.</p> <p>Discussion with the GP included the organisations AMS programme with the prescribers informed around national and international AMS goals. Medication charts reviewed outlined that antibiotic use was</p>

		limited on days of audit. Staff were informed around antibiotics prescribing and the relationship to the increase of multi drug resistant organisms.
<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 is an integral part of the infection control programme. The surveillance undertaken is detailed in the infection prevention and control programme. This includes monitoring positive results for infections and outbreaks as well as the inclusion of ethnicity data. Methods for surveillance are documented. The purpose and methodology are described in the UCG surveillance policy. The ICPN uses the information obtained through surveillance to determine infection control activities, resources, and education needs.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the quality meetings. Meeting minutes are available to staff. Variances in trends in surveillance data are identified and investigated as verified during the ICPN interview. Results of surveillance are discussed and reported to clinical governance as required.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required. Culturally safe communication processes are outlined within the Māori Health Plan when required for residents with healthcare associated infections (HAI).</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>	FA	<p>The facility implements UCG waste and hazardous management policies that conform to legislative and local council requirements. Policies include but are not limited to considerations of staff orientation and education; incident/accident and hazards reporting;</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 antimicrobialresistant organisms.</p>	<p>use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the laundry and the sluice room. Staff complete a chemical safety training module on orientation.</p> <p>Staff receive training and education in waste management and infection control as a component of the mandatory training. Yellow bag and yellow containers for sharps and syringes were viewed in clinical areas visited. The processes to manage these was confirmed.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas.</p> <p>Laundry and cleaning services are provided seven days a week. Sampled rosters confirmed that cleaning and laundry duties are rostered part time each day, with caregivers on afternoon and night shifts completing the work. Visual inspection, of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of personal clothes and facility linen. The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. Laundry personnel interviewed demonstrated knowledge of the process to handle and wash infectious items when required. Laundry audits are completed by the ICPN. Clean linen is stored appropriately in hall cupboards with linen trolleys covered when in use. Residents' clothing is labelled and personally delivered from the laundry, as observed. Residents and families confirmed satisfaction with laundry services in interviews and in satisfaction surveys.</p> <p>Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Housekeeping personnel interviewed are aware of the requirement to keep their cleaning</p>
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		<p>trolleys in sight. Chemical bottles/cans in storage and in use were noted to be appropriately labelled.</p> <p>There is policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team. There were no construction, installation, or maintenance in progress at the time of the audit.</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>	FA	<p>There are policies, procedures, systems, processes in place to guide practice related to the use of restraint. The organisation has a restraint philosophy aimed towards a restraint free environment. All restraint practice is managed through an established process consistently across all Ultimate Care Group facilities.</p> <p>When restraint is considered at facility level, the decision-making escalation process requires input from the national restraint team including the lead clinician. Staff interviews including members of the restraint team confirmed the organisations approach to the elimination of restraint and management of behavioural challenges through alternative means. Falls risks were highlighted as part of this approach and outcomes considered along with other alternatives. The safety of residents and staff is always considered by the restraint team, and this was discussed.</p> <p>Records confirmed the completion of restraint minimisation and safe restraint use training with annual updates completed. Staff reported they were trained and competent to manage challenging behaviour, documentation confirmed this.</p> <p>Staff interviewed, confirmed the processes that are required for Māori residents when considering restraint or if restraint practice is implemented. Discussion included staff commitment to ensuring the voice of people with lived experience, Māori and whānau, would be evident on any restraint oversight group, and how this would be achieved through onsite Māori staff and/or community support.</p> <p>Executive leaders receive restraint reports monthly alongside aggregated restraint data, including the type and frequency of</p>

		restraint if restraint has occurred. This forms part of the regular Reflection Report to the Board. There are no episodes of restraint recorded since the last audit. Restraint is only considered a last resort.
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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.

No data to display

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, these 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.