

The Ultimate Care Group Limited - Ultimate Care Karadean

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 Karadean
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 7 September 2023 End date: 8 September 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 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
Yellow	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
Red	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 Karadean is part of the Ultimate Care Group Limited. It was certified to provide care for up to 52 residents requiring rest home, hospital, residential disability services – intellectual, residential disability services - physical level services. The facility was managed by a facility manager. The clinical services role was vacant. Due to the ongoing effects of a national pandemic and high staff turn over the facility remains significantly short of registered nurses.

This certification audit was conducted against Ngā Paerewa Health and disability services standard NZS 8134:2021 and the service contracts with Te Whatu Ora Waitaha Canterbury. The audit process included review of policies and procedures, review of resident and staff records, observations and interviews with staff, residents, whānau, and a general practitioner.

Areas identified as requiring improvement relate to partnerships with Māori and Pacific organisations and communities, complaint management, staffing levels, working with Māori practitioners, medication management, surveillance of healthcare associated infections, and laundry management.

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.		Some subsections applicable to this service partially attained and of low risk.
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The service complied with Health and Disability Commission Code of Health and Disability Consumer’s Rights (the Code). Residents received services in a manner that considered their dignity, privacy, and independence and facilitated their informed choice and consent. Care plans accommodated the choices of residents and/or their whānau.

Staff received training in Te Tiriti o Waitangi and cultural safety which was reflected in service delivery. Care was provided in a way that focused on the individual and considered their values, beliefs, culture, religion, and relationship status.

Policies were implemented to support residents’ rights, ensure open communication, and protection from abuse and neglect. The service had a culture of open disclosure.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Ultimate Care Group is the governing body responsible for services provided at this facility. The organisation’s mission statement and vision were documented and displayed in the facility. The facility had a current business plan and a quality risk management plan in place.

The facility manager was a registered nurse with a broad range of clinical experience and ensured the management of the facility. In addition, the facility manager covered the vacant clinical services manager role. A regional manager supports the facility manager.

At the time this audit was undertaken there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in context of this national shortage.

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

Records are managed in a manner that complies with relevant legislation.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Information was provided in accessible formats to residents and their whānau on entry to the service.

The registered nurse assessed residents on admission with input from the resident and/or whānau. The initial care plan guided care and service provision during the first three weeks after the resident's admission.

InterRAI assessments were used to identify residents' needs and these were completed within the required timeframes. The general practitioner completed a medical assessment on admission and reviews occurred thereafter on a regular basis.

Long term care plans were developed and implemented within the required timeframes. Residents' files reviewed demonstrated evaluations were completed at least six-monthly.


Handovers between shifts guided continuity of care and teamwork was encouraged.

The activity programme was managed by a diversional therapist. The programme provided residents with a variety of individual and group activities and maintained their links with the community.

An electronic medication management system was in place. Medications were administered by the registered nurse, enrolled nurses, and care givers who had completed current medication competency requirements.

The food service met the nutritional needs of the residents. All meals were prepared on-site. Residents and family confirmed satisfaction with meals provided.

Te aro ki te tangata me te taiao haumaruru | 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.
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There was a current building warrant of fitness. A reactive and preventative maintenance programme was implemented. External areas were safe and provided shade and seating.

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

Security systems were in place and staff are trained in emergency procedures, and use of emergency equipment. Alternative essential energy and utility sources were available in the event of the main supplies failing.

Emergency and security arrangements were 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.		Some subsections applicable to this service partially attained and of low risk.
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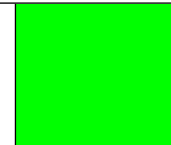
The infection prevention and antimicrobial stewardship programmes were appropriate to the size and complexity of the service and included policies and procedures to guide staff.

Infection data was collated, analysed, trended, and reported to the Board. Antimicrobial prescribing was monitored. Monthly surveillance data was reported to staff.

There were organisational COVID-19 prevention strategies in place including a pandemic plan. There had been one COVID-19 outbreak since the last audit which was 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 fully attained.

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

There had been no recorded incidents of restraint since the last audit. Staff had completed restraint elimination and safe practice training. Information related to restraint was available at governance level and to facility staff. Quality meetings included restraint 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	19	0	6	2	0	0
Criteria	0	161	0	7	2	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>PA Low</p>	<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. All current staff had completed training.</p> <p>The organisation has a Māori health action plan that recognises the principles of Te Tiriti o Waitangi 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 the facility manager (FM) evidenced how this is implemented within the facility. There were no staff that identified as Māori. 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 for leadership to focus on, and increasing the knowledge base of mātauranga Māori. The document outlines the importance of ensuring any resident who identifies as Māori would have the opportunity to have whānau involved in their care. Signage in</p>

		<p>te reo was evidenced throughout the facility and key documents could be provided in te reo Māori if required.</p> <p>The facility is yet to develop community links with Māori as outlined by the FM. At time of audit there were no residents who 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>	PA Low	<p>The Pacific plan outlines the organisations commitment to providing culturally safe care, with definitions provided of the cultural and spiritual beliefs of Pacific peoples. The policy is underpinned by Pacific models of care with UCG senior staff accessing information to support the plan from Pacific communities. The FM outlined that a community connection had yet to be developed with Pacific communities.</p> <p>Information gathered during the admission process includes identifying a resident's specific cultural needs, spiritual values, and beliefs.</p> <p>The organisation has implemented a strategy that encourages the recruitment, retainment, and training of a Pacific health workforce across the organisation. The FM outlined how that transpires within the facilities recruitment processes. There were no staff who identified as Pacific peoples at time of audit. There were no residents who identified as Pacific at time 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 way that upholds residents 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 orientation. Staff confirmed awareness of the Code. Evidence that the Code is implemented in every day practice includes maintaining residents' privacy, providing residents with choice, and ensuring opportunities for residents and their whānau to be involved in care planning.</p>

		<p>Residents and/or their whānau were provided information on the Code on admission. The information supplied includes documentation on the complaints process and full details for the advocacy services provided. Residents and whānau outlined they received or had sighted the documentation regarding resident' rights and were aware of the complaints process. Posters, door signage, and feature notice boards were all visible in te reo Māori 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 beliefs and values. 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>	<p>FA</p>	<p>The facility ensures that residents and whānau are involved in planning and care which is inclusive of discussions and choices regarding maintaining independence. Resident, staff, and whānau interviews, plus observation, confirmed that individual religions, social preferences, values, and beliefs are identified and upheld. These were also documented in resident files.</p> <p>Policy and procedures are aligned with the requirements of the Privacy Act and Health Information Privacy Code to ensure that resident's right to privacy is upheld. Residents, whānau, and staff interviewed plus observations confirmed that staff knock on doors before entering, ensure doors are closed 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 to provide ongoing guidance. National celebrations occur throughout the year such as Waitangi Day, Matariki, and Māori language week.</p> <p>Interviews and observations evidenced that te reo Māori is supported throughout the facility.</p> <p>The organisation supports tāngata whaikaha to do well with documentation outlining how staff will support with goal setting and</p>

		achievement with all aspects of service delivery.
<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 alleged or suspected abuse. Staff receive orientation and mandatory training in abuse and neglect. Staff confirmed awareness of their obligations to report any incidences of suspected abuse. Staff and whānau confirmed there was no evidence of abuse or neglect.</p> <p>The admission agreement signed prior to occupation provides clear expectations regarding management responsibilities of personal property and finances. Residents and/or their whānau provide consent for the administrator to manage residents comfort funds. Discussion with the administrator and review of documentation evidenced that appropriate systems were in place that ensures the safe management of residents' comfort funds. Residents and/or their whānau confirmed that resident property is respected.</p> <p>Policies and procedures 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 include 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 sampled evidenced these were signed. Staff mandatory training includes maintaining professional boundaries. Discussion with staff confirmed their understanding of professional boundaries relevant to their respective roles. Residents and/or their whānau confirmed that professional boundaries are maintained.</p> <p>Residents described how the provider 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 resident's records 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>	<p>FA</p>	<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 disabilities. The FM confirmed that interpreters could be accessed from Te Whatu Ora Waitaha Canterbury. At time of audit there were no residents that required an interpreter. A residents' advocate is readily available to provide independent support to ensure residents rights are taken seriously and respected.</p> <p>There is policy that requires that whānau are advised within 24 hours of an adverse event occurring. Incident and accident records sampled and interview with whānau confirmed that time frames are met, and open disclosure had occurred where required following an event involving a resident. Information in resident records evidenced that communication with other health care agencies occurs in a timely manner.</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 noticeboards. Meetings follow a set agenda and are chaired by the FM. Meeting minutes, plus staff and resident interviews demonstrate attendance by residents and whānau. The meeting minutes capture issues raised, 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 plan and activities plan are readily 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</p>	<p>FA</p>	<p>The informed consent policy is in line with the Code of Health and Disability services Consumers' Rights (the Code) and ensures 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. The general practitioner (GP) assesses for competence. Interview with the FM provided confirmation additional guidance is provided for staff in the event a</p>

<p>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>		<p>resident is unable to provide consent.</p> <p>Staff receive training on informed consent and informed choice during orientation. Staff interviews outlined they were cognisant of the procedures to uphold informed consent. The resident admission pack includes information regarding consent. The FM explains and discusses informed consent to residents and/or their whānau during the admission process to ensure understanding. This includes consent for resuscitation and advanced directives. 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 resident photos.</p> <p>The informed consent policy acknowledges Te Tiriti o Waitangi and the impact of culture and identity in relation to the health and wellbeing of Māori residents. It requires health professionals to recognise these as relevant when there are Māori residents and issues of health care arise. The FM outlined that additional support could be accessed via Te Whatu Ora Waitaha Canterbury should 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 in a manner that leads to quality improvement.</p>	<p>PA Low</p>	<p>The complaints policy is in line with Right 10 of the Code. The complaint process is available in the admission agreement and explained by the FM. Complaint forms are easily accessed and the UCG website enables complaints to be logged online. Residents interviewed outlined they had been made aware of the complaints process and felt comfortable to raise any concerns with the FM in the first instance. Staff meeting minutes evidenced that complaints are raised during this forum.</p> <p>The FM is responsible for managing complaints. There had been 14 complaints over the 2022-2023 period thus far. Many of which were noted to be minor in nature with the FM outlining the facility promotes and encourages feedback or concerns to be logged as complaints to ensure issues are raised and addressed to prevent escalation. 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. However,</p>

		<p>this was inconsistently completed. Information regarding the investigation undertaken and the timeframes of the process were not always documented. Evidence was missing that outlined the complainant was happy with the outcome and the complaint was closed.</p> <p>The facility would approach Te Whatu Ora Waitaha Canterbury should they require cultural support for Māori residents to navigate the complaints process.</p> <p>The FM outlined that there had been no complaints logged with any external agencies including the Health and Disability Commission (HDC) 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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Ultimate Care Karadean facility was part of Ultimate Care Group (UCG) which is a registered New Zealand company. There was a governance structure in place which monitors compliance with legislative, contractual, and regulatory requirements. An executive team provides direction to the facility.</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 with well-established linkages in the Māori community and at governance level. The chief executive (CE) has outlined core competencies that executive management are required to demonstrate including, understanding the organisations obligations under Te Tiriti o Waitangi, health equity, and cultural safety. The executive team consists of people with a broad range of skills, and knowledge, as outlined within the organisation’s website and team profiles.</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 to residents and whānau.</p>

	<p>The Māori health action plan describes how the organisation will continue to prioritise identifying and reducing barriers to equitable service delivery. The FM described how staff are encouraged to learn basic te reo Māori phrases and continue to upskill in Māori tikanga. Whānau are encouraged to have input into service improvement as confirmed by staff, residents, whānau, and review of the resident meeting minutes.</p> <p>The UCG management team has a clinical governance structure in place, that is appropriate to the size and complexity of the organisation. The clinical operations group (COG) report to the board monthly on key aspects of service delivery.</p> <p>The FM is a registered nurse (RN) with a broad clinical background in healthcare and reports to the regional manager (RM) who oversees the facility's quality and operational performance. The RM holds weekly video meetings with all facility/nurse managers in the region and maintains face-to-face contact. A clinical coach provides clinical oversight and support to the facility.</p> <p>The organisation has implemented robust systems to support the quality and risk management structure with a wide range of information gathered to inform service delivery. The senior leadership team provide the necessary resources, keep staff up-to-date and provide additional support as evidenced by staff interviews.</p> <p>The Māori health action plan outlines the organisations commitment to improving health outcomes for tāngata whaikaha with the goals and actions required, support needed to achieve aspirations and the importance of continuing to prioritise the partnerships with Māori disability stakeholders.</p> <p>The facility holds contracts with Te Whatu Ora Waitaha Canterbury to deliver rest home, hospital, short term day support, palliative, residential disability services – intellectual, and residential disability services – physical. The facility is certified to provide services for up to 52 residents with all beds being dual – purpose. On day of audit there were 34 residents receiving care, 19 rest home, and 15 hospital, two of whom were young persons with physical disabilities assessed as requiring hospital level care.</p>
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<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>	<p>FA</p>	<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 framework utilised to promote continuous improvement. There are policies, procedures, and associated systems to ensure that the organisation meets accepted good practice and adheres to relevant standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>There was an implemented annual schedule of internal audits. Areas of noncompliance include the implementation of a corrective action plan with sign off by the FM when completed. Identified trends are monitored and raised for discussion within the quality meetings. A reporting tool called the “managers reflective report” captures a broad range of clinical information across all facilities.</p> <p>The FM takes shared responsibility for health and safety with the maintenance person. The facility has made a commitment to ensuring all staff are aware of the importance of health and safety and incorporate additional training to the training programme.</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 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 review of resident meeting minutes, it was noted that residents are involved in decision making/choices.</p> <p>The risk management plan was sighted which included how external and internal risks are identified and managed and who is to take responsibility for any areas identified as requiring a risk management plan to address these.</p> <p>The facility follows the UCG National Adverse Event Reporting Policy for internal and external reporting. The FM outlined that section 31 notifications to HealthCERT were sent weekly whilst registered nurse (RN) levels are not meeting contractual obligations (see 2.3.1).</p> <p>The organisations commitment to providing high quality health care and equity is stated within the Māori health action plan and policy.</p>

		<p>This includes the provision of appropriate education for staff, supporting leaders to champion high quality health care and ensuring that resident centred values guide clinical decision making. The executive team and Board receive a broad range of clinical and operational information each month which is analysed with the outcome relayed back to the facilities which guides service improvement work required with an overarching focus on health equity.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>The staffing policy includes the rationale for staff rostering and skill mix inclusive of a facility managers roster allocation to ensure staffing is maintained at a safe level. At the time this audit was undertaken there was a significant national health workforce shortage alongside of a high staff turnover and a difficulty to recruit to a rural area. The FM was covering for the vacant clinical services manager (CSM) role. Review of rosters and discussion with the FM evidenced that registered nurse (RN) cover was Monday to Friday morning shifts and all other shifts were led by internationally qualified nurses (IQN). The IQNs were completing a competence assessment programme (CAP) in order to support their becoming qualified as registered nurses in New Zealand. A senior enrolled nurse (EN) provided clinical support Tuesday to Saturday and was additional to the roster. The morning shift comprised of one EN, one (IQN), one senior care giver, three care givers, and one care giver working a shorter shift. The afternoon shift comprised of one IQN, one EN, and four care givers, and the night shift comprised of one IQN and three care givers. Laundry and cleaning staff work part time across seven days. Rosters reviewed evidenced that all unplanned absences were covered with part time staff picking up additional hours. The RN shortage is well known with Te Whatu Ora Waitaha Canterbury giving the facility an extension to remedy the staffing breach until November 2023 due to ongoing difficulties to recruit RNs. Strategies were in place to mitigate the risk including: the provision of rostered after-hours telephone clinical support provided by UCG RN, the FM is available after hours for operational and clinical support, the EN shares the on-call roster for clinical support, the facility has declined more complex residents until staffing improves (refer to standard 3.1).</p>

		<p>Resident and whānau interviewed stated they were aware of the staffing shortage and that this impacted at times on call bell response times, however, spoke positively about the quality of care delivered despite this.</p> <p>The FM and the EN were interRAI trained. The training schedule reviewed evidenced that all care givers had completed or were about to complete Careerforce training to level three or four.</p> <p>There was an implemented annual training programme. Staff competencies, training, and education scheduled were relevant to the needs of aged care residents. The attendance records were sighted with the FM taking responsibility for ensuring all staff attend training as required. Current cultural safety training scheduled provides staff with resources to support their practice and achieve equitable health outcomes.</p> <p>The facility collects both staff and resident ethnicity data via the online platform and forms part of the monthly report compiled for the board. Support systems promote staff wellbeing, and a positive work environment was confirmed in interviews. Employee support services were available.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<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. Staff records sampled confirmed the organisation's policy is consistently implemented and records maintained. The recruitment process includes police vetting, reference checks, and validation of practicing certificates/qualifications. Job descriptions include accountabilities and responsibilities specific to 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 had current drivers' licences and first aid certificates. Nonclinical staff include housekeeping and laundry personnel, part time maintenance and kitchen staff.</p> <p>There is documented and implemented orientation programme and staff records show that education is attended. There was recorded</p>

		<p>evidence of staff receiving orientation covering the essential components of service delivery with specifics relating to their roles. Staff confirmed completing this and stated it was appropriate to their roles. Staff files evidenced that staff have completed annual 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. Staff interview and review of documentation evidenced that staff ethnicity data is collected.</p> <p>Management ensure opportunities are provided for staff to be involved in a debrief discussion following a significant event and can provide ongoing support as 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>Residents' records and medication charts are managed electronically. Residents' information including progress notes is entered into the residents' records in an accurate and timely manner. The name of the person making the entry is identifiable. Residents' progress notes are completed every shift.</p> <p>Policies and procedures ensure the privacy and confidentiality of resident information. Staff confirmed an awareness of their obligations to maintain confidentiality of all resident information. Resident and care support information 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>The facility was not responsible for National Health Index registration of residents receiving services.</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</p>	PA Low	<p>On enquiry, an information booklet detailing entry criteria is provided to prospective residents and their whānau. This information is also available on the internet.</p>

<p>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>		<p>On admission residents and their whānau are provided with written and verbal information with any questions raised answered by staff. Admission packs sighted provided comprehensive information. The information is available in multiple languages, written in plain language citing key messages. Interpreters can be accessed 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 are available 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 reporting system.</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 Enduring Power of Attorney (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 when a person is declined access to the service, the person, their whānau and the referring agency are informed of the decline to entry. Alternative services when possible are offered and documentation of reason in internal files. A person would be declined entry if not within the scope of the service or if a bed was not available. The FM stated that entry had been declined recently for persons requiring hospital level care or who needed end of life palliative care which could not be met due to ongoing registered nurse (RN) staffing issues (see subsection 2.3).</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, however the organisation has yet to establish relationships with the iwi of the region including local Māori health providers, organisations, individuals, and communities to ensure appropriate support for</p>
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		tāngata whenua.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Ultimate Care Group has developed a model of care specific to older persons. Staff interviewed described the model of care and how the model informed care delivery. Resident care plans are developed using an electronic system. The RN is 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 co-ordination service (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 in conjunction with the RN following the residents' admission to the facility. Information on residents' interests, family/whānau, 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. Documented interventions and early warning signs address the residents' assessed needs. Short term care plans are developed for acute problems for example infections, pain, or</p>

		<p>post-surgery care.</p> <p>A general practitioner visits the facility three times a week. The initial medical assessment is completed within the required timeframe following admission. Residents have GP reviews within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP interviewed confirmed that the care of residents was of a high standard, communication was good with the service, they were informed of concerns in a timely manner and instructions given were followed. The facility has access to an after-hours service.</p> <p>Staff interviewed and education records sighted confirmed that staff have completed cultural training. Staff interviewed discussed how they could implement the learnings of tikanga Māori into their practice and provided examples.</p> <p>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 are 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 GP and nursing staff confirmed the process 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 of</p>
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		<p>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 or enrolled nurse (EN). 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. 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. Handover meetings between each shift ensure residents progress towards meeting identified goals is discussed. Where progress is different from that expected, changes to the resident's care plan are made and actions implemented. This was verified in clinical files sampled 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.</p> <p>A Māori health care plan is available to be used within the electronic system if needed/requested. for residents identifying as Māori. The care plan guides staff in gathering information and documenting 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 and how these could be achieved.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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</p>	<p>FA</p>	<p>The residents' activities programme is developed and implemented by a diversional therapist (DT). Activities for the residents are provided Monday to Friday 09.00am to 2.30pm. At weekends movies, puzzles and quizzes and other activities are available. The activities programme is displayed in the communal area and on the individual resident notice boards. The programme provides variety in the content and includes a range of activities which incorporate education, leisure,</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the activity co-ordinator occur regularly.</p> <p>Church services are held weekly. Weekly van outings into the community are arranged and have included visits to the local café, the museum, art gallery and pub. Information was displayed for residents and whānau related to service aligned community groups.</p> <p>The two residents under the young person disabled contract can choose activities of their preference from a range of opportunities. One resident is independently mobile and volunteers for a range of local organisations including the local school and the food bank. The DT facilitates separate outings and activities for one resident which have included outings to have a burger or a coffee in town. Assistance is provided with preferred activities as needed.</p> <p>The programme is culturally diverse and tailored to the needs of the residents. Activities for the residents have included visits from kapa haka groups, Waitangi Day and Matariki celebrations, visits to historic places, the local museum, garden parties, entertainers singing Māori songs, and a Korean day. A Māori food day is planned. Students from the local school visit and assist with activities and spend time with the residents. Whānau participation in the programme is encouraged.</p> <p>Regular resident meetings are held and include discussion around activities. 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.</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>PA Moderate</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 on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded electronically. Resident allergies and sensitivities 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 in by two staff on delivery. Stock medication is only prescribed for hospital level residents. All medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication. The medication refrigerator temperatures and medication room temperatures are monitored as per UCG policy and are within the required range.</p> <p>Controlled medications are stored securely in accordance with requirements. Controlled 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. The RN oversees the use of all 'as required' (PRN) medications.</p> <p>Current medication competencies were evident in staff files. Education for residents regarding medications occurs on a one-to-one basis by the RN or EN. Medication information for residents and whānau can be accessed from the contracted pharmacy and from Medsafe as needed.</p> <p>Four residents were self-administering medication on the day of the audit. The resident's clinical files were reviewed, and the resident and the RN and EN interviewed. The resident's medication files confirmed self-administration of the medication, this was clearly recorded. Staff check during medication rounds to ensure medication has been administered as required and this is documented, however self-administration competency assessments require improvement. The residents kept their medication in their bedroom, however storage for medication requires improvement. Residents confirmed satisfaction with the self-administration process.</p> <p>There were no standing orders in place.</p> <p>The provider had a pharmacy agreement in place. This required the pharmacy to supply and deliver medication to the facility. Any cases where there was difficulty accessing medications for residents, including Māori, the FM and pharmacy worked in partnership with the residents and whānau to ensure prescribed medications were</p>
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		<p>available.</p> <p>The UCG medication policy describes use of over the counter (OTC) medications and traditional Māori medications and the requirement for these to be discussed with, and prescribed by, a medical practitioner. Interview with the GP 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 whānau. The GP confirmed that if a Māori resident wished to use complementary Māori medications this would be discussed with the resident and their whānau prior to approval being given.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>A nutritional assessment is undertaken by the RN or EN 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 rooms or in the residents' rooms as requested. Residents can participate in food preparation as part of the activity programme, for example, on the day of audit residents were making a dessert assisted by the DT.</p> <p>The temperature of food served is recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. Residents and families/whānau 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. The food control plan expiry date is November 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</p>

		<p>with current legislation and guidelines. The FM is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored and labelled 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 would be gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori health plan.</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>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 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, for example, referral to the wound clinical nurse specialist for advice on the treatment of a complex wound. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records sampled in the residents' files, confirmed whānau are kept informed of the referral process.</p> <p>Interviews with the FM and review of residents' files confirmed there is open communication between services, the resident, and the whānau.</p>

		<p>Relevant information is documented and communicated to health providers. For residents who are discharged into the community discharge documentation is tailored to the individual circumstances and can include a medication chart and a care summary generated by the electronic system. For transfers to another service or facility the 'yellow envelope' system is used which includes a transfer form, medication chart, and a care summary.</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>	<p>FA</p>	<p>The building warrant of fitness is current until June 2024. Buildings, plant, and equipment comply with legislation relevant to the service being provided. 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. Staff interviews confirmed awareness of the process for maintenance requests, and that repairs were conducted in a timely manner. The maintenance person meets weekly with the FM and works in tandem to ensure hazards are identified, documented in the hazard register, and reviewed. The FM maintains responsibility of ensuring the register is current.</p> <p>Interviews with staff, and observation 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 the facility van is routinely maintained. The van has current registration, warrant of fitness, functioning hoist, and first aid kit. 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 for residents and their visitors that are shaded and provide seating. There were sufficient toilet/bathroom facilities</p>

		<p>available for residents, with adequate provision of toilets for visitors and staff. All communal toilets had a system to indicate vacancy and provide disability access. All showers and toilet facilities have call bells, sufficient room, approved handrails, and other equipment to facilitate ease of mobility 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/or assistance. Observations and staff interviews 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. Residents' rooms are heated in winter and cooled in summer. There were several areas throughout the facility that residents could use for relaxing with visitors that were comfortable and provided privacy. The environment in resident areas was noted to be maintained at a satisfactory temperature. This was confirmed by residents, whānau, and staff.</p> <p>Staff interview confirmed that in the event of additions to the facility Māori consultation would be accessed with the support of the UCG head office. There had been no alterations to the facility nor any planned.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Staff and training records demonstrated that orientation and mandatory training includes emergency and disaster procedures 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. The staff competency register evidenced that there is a system to ensure that staff maintain first aid competency and rosters evidenced that each shift is covered with a person with a current first aid certification.</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 emergency lighting, access to a generator, enough food and 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 resident rooms, bathrooms/toilets, and communal areas. Call bells are checked on a regular basis by the maintenance person. Interviews with residents and whānau outlined that due to staffing levels being less than optimal currently, there can be a delay in call bell response time (see subsection 2.3).</p> <p>Security systems are in place to ensure the protection of residents, staff, and visitors. These include visitor signing in and out, staff wearing the organisation uniforms and name badges, security lighting, and the facility being locked each evening with restricted access to the building after hours.</p> <p>Whānau confirmed they were aware of security measures and emergency systems with notices placed on notice boards throughout the facility providing additional information outlining 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>	<p>FA</p>	<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 refection 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. External resources and support are available through external specialists, microbiologist, GP, wound clinical nurse specialist and Te Whatu Ora Canterbury when required. Overall effectiveness of the programme is monitored by the FM.</p> <p>Infection control reports are discussed at the facility's quality 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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is reviewed annually and is linked to the quality and business plan. The UCG clinical operations group (COG) involve staff at site level in the review of policies and procedures and the IPCN has input when IP policies and procedures are reviewed.</p> <p>The FM is the infection prevention and control nurse (IPCN). They have attended training for the role. A documented and signed role description for the IPCN was sighted. The IPCN reports to the regional manager and the clinical coach. The IPCN is supported by the infection control committee which consists of two enrolled nurses, one internationally qualified nurse and two level four caregivers. Infection control reports are discussed at the facility's quality 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>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-</p>

	<p>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 in place.</p> <p>Infection prevention and control resources including personal protective equipment (PPE) are available should a resident infection or outbreak occur. Observation confirmed these are used appropriately including masks, aprons, and gloves. There are ample reserves onsite and a system and process in place if additional stock is required. The FM has responsibility for purchasing equipment/resources for infection prevention in collaboration with the national office. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>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. Infection control audits have been completed. 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 and national level and involves the FM 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. One COVID-19 outbreak has occurred since the previous onsite audit. The documentation reviewed confirmed these were managed to meet policy and contract requirements. Debriefing meetings were completed. Required reporting for outbreaks is completed including section 31 reporting and this was confirmed</p>
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		<p>onsite through interview and document review.</p> <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. 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 to the facility. Covid-19 information is available to all visitors to the facility. 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>	<p>FA</p>	<p>An antimicrobial stewardship programme (AMS) is in place. 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. All new staff receive induction/orientation including infection prevention and this is available on-line. The ICPN provide planned and opportunistic education for staff.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. Further discussion takes place and 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</p>

		<p>improvement. Reporting including analysed data is included in the monthly quality report through to the board. 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 limited on days of audit. Staff were informed about antibiotic prescribing and the relationship to the increase of multi drug resistant organisms.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<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. 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 within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions, however not all required detail was included in data collection or reporting. 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 all staff. Variances in trends in surveillance data are identified and investigated as verified during interview. Results of surveillance are discussed and reported to clinical governance as required.</p> <p>Residents who develop an infection are informed and family/whānau are advised. Culturally safe communication processes are outlined within the Māori Health Plan when required for Māori residents with healthcare associated infections (HAI).</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 residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Monthly surveillance data was collected and reported to the executive team, Trends, and opportunities to improve were considered by the</p>

		<p>IPCN and the national clinical services manager. There were no trends identified in IPC documents sampled. The reports were discussed at staff meetings, and this was verified by staff. The GP stated the service cared for residents in a manner that reduced the rate of infection, and any residents with signs and symptoms of infection were reviewed in a timely manner.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>PA Low</p>	<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; 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, 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 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. The facility outsources some laundry requirements, mainly towels, flat sheets and flannels. Visual inspection of the on-site laundry confirmed that there were two separate laundry entrances/exits for clean and dirty linen. Clean linen for immediate use is stored appropriately in hall cupboards and linen trolleys which are covered when in use however storage of clean linen on delivery from the outside laundry requires improvement.</p> <p>Laundry staff interviewed demonstrated knowledge of the process to</p>

		<p>handle and wash infectious items when required. Laundry audits are completed. 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 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 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</p>

		<p>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 could 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 restraint if restraint has occurred. This forms part of the regular reflection report to the board.</p> <p>There are no episodes of restraint recorded since the last audit. Restraint is only considered a last resort.</p>
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p>	PA Low	Discussion with the FM evidenced that the facility is yet to develop a formal partnership with iwi and Māori organisations.	The facility is yet to formalise a partnership with iwi and Māori organisations.	<p>Ensure a formal partnership is created with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p> <p>180 days</p>
<p>Criterion 1.2.5</p> <p>My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions,</p>	PA Low	Discussion with the FM outlined that a formal partnership with Pacific communities and organisations has yet to be formalised with the facility.	The facility is yet to develop a partnership with Pacific communities.	<p>Ensure a formal partnership is developed with Pacific communities and organisations to enable better planning, support and improve outcomes for Pacific</p>

research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.				peoples. 180 days
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	Review of the complaints register and discussion with the FM evidenced that the UCG policy and process is inconsistently followed and completed.	The way in which complaints are managed did not meet the UCG policy/procedure.	<p>Ensure the complaints process is consistently followed and completed in accordance to UCG policy and procedure and timeframes are met.</p> 60 days
<p>Criterion 1.8.4</p> <p>I am informed of the findings of my complaint.</p>	PA Low	Review of the complaints register and discussion with UCG staff evidenced that not all complainants are kept informed of the outcome of their complaint.	The way in which complaints are closed and complainants informed of the outcome is inconsistent and does not meet UCG policy/procedure.	<p>Ensure that all complaints are closed and complainants informed of the outcome in accordance with UCG policy and procedure.</p> 60 days
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Moderate	Due to the effects of a national pandemic, global health workforce shortages and staff turnover the provider does not meet the requirements of the aged residential care (ARRC) agreement with Te Whatu Ora for 24/7 RN cover. UCG provide additional after-hours telephone clinical support, the FM and EN are available after hours for clinical and operational support, and complex residents have been declined until staffing improves. Recruitment processes were underway	There were 16 shifts out of 21 that did not have RN cover.	<p>Ensure all shifts have at least one RN on duty.</p> 90 days

		for additional RN resource.		
<p>Criterion 3.1.6</p> <p>Prior to a Māori individual and whānau entry, service providers shall:</p> <p>(a) Develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau;</p> <p>(b) Work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau.</p>	PA Low	<p>Ethnicity, including Māori is being collected and analysed however the facility has yet to establish relationships with Māori health practitioners or organisations to ensure appropriate support for Māori individuals and whānau.</p>	<p>The provider has not developed meaningful partnerships with Māori communities, Māori health practitioners, traditional healers and organisations to benefit Māori individuals and whānau.</p>	<p>Ensure that meaningful partnerships with Māori communities, Māori health practitioners, traditional Māori healers and organisations are developed to benefit Māori individuals and whānau.</p> <p>180 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	PA Moderate	<p>Recordings of medications self-administered by residents were current and complete however recording of ongoing competency to self-administer medication and required safe storage for medications requires improvement. In three out of four resident files reviewed, ongoing competency had not been recorded three monthly as required. None of the four residents who were self-medicating had lockable storage provided.</p>	<p>Self-administration of medication is not carried out in accordance with UCG policy or best practice.</p>	<p>Ensure that self-administration of medication is carried out in accordance with UCG policy and best practice.</p> <p>90 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and</p>	PA Low	<p>Surveillance reports documented the residents name, national health index (NHI) number and other relevant data,</p>	<p>Surveillance reports do not include the resident's ethnicity.</p>	<p>Ensure surveillance reports include the resident's ethnicity.</p>

<p>assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>		<p>however the resident's ethnicity was not included on the report.</p>		<p>180 days</p>
<p>Criterion 5.5.4 Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include: (a) Methods, frequency, and materials used for laundry processes; (b) Laundry processes being monitored for effectiveness; (c) A clear separation between handling and storage of clean and dirty laundry; (d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>	<p>PA Low</p>	<p>The laundry has designated areas for clean and dirty laundry processing, however linen delivered from the outside laundry is stored in the dirty side of the laundry in covered cages next to a collection cage for dirty linen. The laundry staff at interview described the process for distributing clean linen to the linen cupboards. They take a designated clean trolley from the clean side to the dirty side to load up with clean linen to then distribute to the linen cupboards in the hallways.</p>	<p>There is no clear separation of handling and storage of clean and dirty laundry.</p>	<p>Ensure that there is clear separation between handling and storage of clean and dirty linen, ensure that clean linen is not stored or handled in the dirty side of the laundry. 90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.