The Ultimate Care Group Limited - Ultimate Care Karadean

Introduction

This report records the results of a Surveillance 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: 3 May 2022 End date: 4 May 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 47

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 haumaru │ person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita │ infection prevention and antimicrobial stewardship
- here taratahi │ restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Ultimate Care Karadean is part of the Ultimate Care Group Limited. It is certified to provide services for up to 52 people requiring rest home or hospital level services. The facility is managed by a facility nurse manager and a clinical nurse services manager. Occupancy on the first day of this audit was 47 residents. There have been no significant changes to services at the facility since the last audit.

This surveillance audit was conducted against a subsection the Health and Disability Services Standards and the service contracts with the district health board.

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

Previous areas identified as requiring improvement relate to: management of quality and risk systems, including the development and implementation of corrective actions; neurological assessments post-falls; prompt response to call bells; interRAI assessments and care planning; preventative maintenance of the facility to ensure residents' safety; and infection control education have been closed.

An area identified as requiring improvement related to: staffing levels.

Ō tatou motika | Our rights

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

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

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

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

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 low risk

Ultimate Care Group Limited is the governing body responsible for the services provided at this facility. The governance body has an understanding of the obligation to comply with Nga Paerewa NZS8134:2021.

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

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

There are human resource policies and procedures, based on current good practice, that guide practice in relation to recruitment, and orientation and management of staff. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

On entry to the service information is provided to residents and their whanau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats as required.

Registered nurses assess residents on admission with input from the resident and/or family/whānau. The initial care plan guides care and service provision during the first three weeks after the resident's admission.

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

Long term care plans are developed and implemented within the required timeframes.
Evaluations were completed at least six-monthly.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs.

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

An electronic medication management system is in place.

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

The food service meets the nutritional needs of the residents. All meals are prepared on-site. Kitchen staff have food safety qualifications. Residents and family confirmed satisfaction with meals provided.

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

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

There is a current building warrant of fitness. A reactive and preventative maintenance programme is implemented. All areas are accessible, safe and provide a suitable environment for residents.

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

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

The infection prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the service and include policies and procedures to guide staff. Infection data is collated, analysed, and trended. Surveillance data is reported to staff. There are organisational Covid-19 prevention and response strategies in place.

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

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	1	0	0	0
Criteria	0	59	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	Not Applicable	The organisation has a Māori health action plan that identifies that Ultimate Care Group Limited (UCG) aims to improve outcomes for Māori. Strategies include but are not limited to: setting out priority areas; supporting the role of Mātauranga Māori in the development and delivery of health services; promoting a collective action (by government communities and social sectors) in working towards pae ora, and that all residents identifying as Māori will be offered the opportunity to have iwi/hapū and/or whānau representation contacted and present.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve	Not Applicable	There is a cultural safety policy that describes the procedure for identifying and meeting cultural needs, as well as physical, spiritual, and psychological needs. It includes culturally sensitive considerations and practices. However, the policy does not identify or address the cultural needs of Pacific peoples.

tino rangatiratanga. 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.		
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Policy and practice include ensuring that all residents, including Māori residents', right to self-determination is upheld and they are able to practice their own personal values and beliefs. The Māori health plan identifies how UCG will respond to Māori cultural needs and beliefs in relation to illness.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Staff receive training in tikanga best practice. Cultural appropriate activities have been introduced such as celebrating Waitangi Day, Interviews with staff confirmed their understanding of the cultural needs of Māori, including in death and dying, as well as the importance of involving family/whānau in the delivery of care.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.	FA	Staff interviews confirmed awareness of their obligation to report any evidence of discrimination, abuse and neglect, harassment, racism and exploitation. Interviews with staff also confirmed understanding of the cultural needs of Māori Staff are required to sign and abide by the UCG code of conduct and professional boundaries agreement. All staff files reviewed evidenced these were signed. Staff mandatory training includes professional

As service providers: We ensure the people using our services are safe and protected from abuse.		boundaries. Staff interviews confirmed their understanding of professional boundaries relevant to their respective roles. Interviews with residents and families/whānau confirmed that professional boundaries are maintained by staff. Resident interviews described that the service promotes an environment in which they and their families/whānau feel safe and comfortable to raise any questions or queries, and that discussions are free and frank.
Subsection 1.7: I am informed and able to make choices 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. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. 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.	FA	The informed consent policy and the Māori health plan acknowledge Te Tiriti and the impact of culture and identity on the determinants of the health and well-being of Māori residents and requires health professionals to recognise these factors as relevant when issues of consent to health care of Māori residents arise. This includes whānau support and involvement in the decision-making, care and treatment of the resident, provided the resident has given consent for the whānau to be involved.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate	FA	The organisation has a complaints policy and process to manage complaints in line with Right 10 of the Code. The complaint process is made available in the admission agreement and explained by the facility nurse manager (FNM) or clinical services manager (CSM) on the resident's admission. The complaint forms and a complaint box are also available in resident areas in the facility. The FNM is responsible for managing complaints. There had been 11 complaints over 2021/22. A complaints register is in place that includes the name of the complainant; date the complaint is received; the date the complaint was responded to; and the date of the

complaints in a manner that leads to quality improvement.		resolution as well as the date the complaint is signed off. Evidence relating to the complaint is held in the complaints folder and register. Interview with the FNM and a review of complaints indicated that complaints are investigated promptly, and issues are resolved in a timely manner. Interviews with the FNM, staff and residents confirmed that residents are able to raise any concerns and provide feedback on services and this includes discussing and explaining the complaints process. Resident and family/whānau interviews confirmed that they are aware of the complaints process. Residents and family/whānau stated that they had been able to raise any issues directly with the FNM or CSM. There had been no complaints to external agencies.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	The Ultimate Care Karadean facility is part of UCG with the executive team providing direction to the service. The UCG governance body understands the obligation to comply with Ngā Paerewa NZS 8134:2021 as confirmed at interview with the executive officer these were described as the core competencies that executive management are required to demonstrate, and include understanding of the services' obligations under Te Tiriti, health equity, and cultural safety. The facility Māori health plan describes how the organisation will ensure equity. The FNM described how the facility is introducing the basics of te reo Māori and supports staff to upskill in Māori Tikanga. Families/whānau are encouraged to participate in the planning, implementation, monitoring, and evaluation of service delivery. The UCG management team has clinical governance structure in place (for example the appointment of a clinical head of resident risk) that is appropriate to the size and complexity of the service provision. The clinical operations management group report to the board monthly on the key aspects noted above. The FNM is a clinically experienced manager, with qualifications in management, who has been in the role for 17 months. The CSM has held this position for eleven months and has previous experience in aged care. Both the FNM and CSM are registered nurses (RNs) with current annual practicing certificates. Both managers have completed

		at least eight hours educational training and the UCG management orientation programs. In the absence of the CSM a RN covers the role for short periods. For longer periods the regional manager (RM) would appoint a temporary CSM. In the absence of the facility manager the CSM steps into the role with the assistance of the RM. The service provides rest home and hospital level care for up to 52 residents. Services are provided with all rooms as dual purpose. At the time of the audit, there were a total of 47 residents: included in these numbers were two rest home residents and one hospital resident on a younger person with disability (YPD) contract (physical and intellectual). At the time of audit all other residents were under the district health board (DHB) aged related residential care (ARRC) agreement. There are no residents with an occupation rights agreement.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	The annually reviewed, executive team approved quality and risk management plan, outlines the quality and risk management framework to promote continuous quality improvement. There are policies and procedures, and associated systems to ensure that the facility meets accepted good practice and adheres to relevant standards, including standards relating to the Health and Disability Services (Safety) Act 2001. There is an implemented annual schedule of internal audits. Areas of non-compliance from the internal audits include the implementation of a corrective action plan with sign-off by the FNM when completed. Since the last audit a new reporting tool called the ‘manager’s reflective report’ has been developed and enacted to capture quality improvement initiatives as a result of internal audit findings. Quality improvement initiatives include the incorporation of improved clinical indicators into the everyday life of the facility. The facility holds monthly meetings for all staff, that include; quality, health and safety, staff, caregivers, RNs and infection control and prevention with good staff attendance. Meetings minutes evidence

		that a comprehensive range of subjects are discussed. At interview, through observation and review of resident meetings minutes it was noted that residents were able to be involved in decision making/choices Completed hazard identification forms and staff interviews show that hazards are identified. The hazard register sighted is relevant to the service and has been regularly reviewed and updated. The facility follows the UCG national adverse event reporting policy for internal and external reporting (where required) to reduce preventable harm by supporting system learnings. Notifications to HealthCERT under Section 31 were noted for the appointment of the FM, and the CSM, and ongoing reporting of lack of RN cover for shifts throughout 2021-22, High quality health care and equality for Māori is clearly stated within the Māori health plan and policy. In interviews with the consumer auditor, YPD residents described having input into quality improvements, and, expressed satisfaction with choices, decision making, access to technology, aids, and equipment. The previous findings relating to development of corrective action planning and reporting to address areas requiring improvement has been fully attained. The facility has not yet transferred to the new IT system and keeps fully detailed hard copy minutes of meetings where CARs are evidenced as fully documented, plans developed and followed up with outcomes noted and signed off (1.2.3.8 & 1.2.3.6 in the 2008 standards). All current policies are now on the new IT system for all staff to access. The previous finding relating to policies available to staff reflect current documentation (1.2.3.4 in the 2008 standards) has

		been fully attained.
Subsection 2.3: Service management 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.	PA Low	Ultimate Care Karadean policy includes the rationale for staff roster and skill mix, inclusive of a facility manager's roster allocation tool to ensure staffing levels are maintained at a safe level. Interviews with residents, relatives and staff confirmed that staffing levels are sufficient to meet the needs of residents. Rosters reviewed evidenced that staff were replaced when sick by other staff members picking up extra shifts. Laundry staff are rostered on six days per week (3.5 hours/ day) for personal laundry as all other laundry is outsourced. Cleaning staff are rostered on seven days per week: one cleaner for six hours a day Monday to Friday and another for four hours a day on weekends. The FNM and CSM each work 40 hours per week, Monday to Friday, and are available on call for emergency issues. In additional staff are supported by the UCG on-call clinical support helpline. Due to staff turnover and leave taken, the facility does not have full 24/7 RN cover for all shifts The FNM with the assistance of head office human resources staff is currently advertising and recruiting for vacant positions. The FNM and CSM are interRAI trained and caregivers complete Careerforce training in New Zealand Qualification Standards (NZQA) to level four. There is an implemented annual training programme. Annual performance appraisals were completed for all staff requiring these and three-monthly reviews had been carried out for newly appointed staff. Staff competencies and education scheduled are relevant to the needs of aged-care residents, including those receiving hospital non acute medical cares. All RNs, enrolled nurses and level four caregivers are current first aid certificate holders. Due to covid-19 pandemic interrupting education programmes in 2021 the facility has run half study days for all staff this year with high levels of attendance in order to meet training requirements.

		The YPD residents have clear activity plans with educational insights for care staff to incorporate in their care for these residents. An annual resident and relative satisfaction survey was completed in 2021, with an average rating of 93% approval. Support systems promote health care and support worker wellbeing, and a positive work environment was confirmed in staff interviews. Employee support services are available as required, as well as support for staff and whānau during covid-19 lockdowns. The service collects both staff and resident ethnicity to inform data regarding Māori health information.
Subsection 2.4: Health care and support workers 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. 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. 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.	FA	Human resource management practices follow policies and processes which adhere to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed the organisation's policy is consistently implemented and records are maintained. The recruitment processes includes: police vetting; reference checks and a signed contract agreement with a job description. Current practicing certificates were sighted for all staff and contractors who require these to practice. Personnel involved in driving the van held current driver licences and first aid certificates. There is a documented and implemented orientation programme and staff training records show that training is attended. There was recorded evidence of staff receiving an orientation, with a generic component specific to their roles, on induction. Staff interviews confirmed completing this and stated that it was appropriate to their role. Records reviewed showed that ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access,	FA	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. Ethnicity,

timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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.		including Māori, is being collected and analysed by the service. The organisation has a Māori health action plan. The plan identifies that UCG aims to improve outcomes for Māori and that all residents identifying as Māori will be offered the opportunity to have iwi/hapu and/or whanau representation contacted and present. The FM described progress on plans to develop relationships with identified Māori service provider groups and organisations within the community.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Registered nurses are responsible for all resident assessments, care planning and evaluations of care. Resident care plans are developed using an electronic system. Initial care plans are developed with the resident/enduring power of attorney (EPOA) consent within the required timeframe. They are based on data collected during the initial nursing assessments, which includes dietary needs; pressure injury; falls risk and social history and information from pre-entry assessments completed by the needs assessment coordination service or other referral agencies. The individualised long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment and completed within three weeks of the residents' admission to the facility. The area requiring improvement from the previous audit is now closed (1.3.3.3 in the 2008 standards). Interview with residents and family/whānau confirmed that they had consented to and had had input into the care planning process. A multidisciplinary review is held with the resident and/or whanau at each formal six-monthly care plan review. All resident files contained a signed informed consent form. Review of residents' records demonstrated that the residents under the YPD contract participate in care planning. Their plans include activities to ensure their wellbeing, community participation and interventions to meet their physical,

		health and wellbeing needs. The residents' activities assessments are completed by the diversional therapist (DT) in conjunction with the RN within three weeks of the residents' admission to the facility. Information on residents' interests, family and previous occupations is gathered during the interview with the resident and/or their family/whanau and documented. The activity assessment includes a cultural assessment which is designed to gather information about cultural needs, values, and beliefs, however these require improvement. Long term care plans describe interventions in sufficient detail to meet residents' current assessed needs. Short-term care plans are developed for the management of acute problems. The electronic system allows for recording of early warning signs and risks however these are not recorded in sufficient detail to guide safe care when there is deterioration in a resident's condition. The GP visits the facility three times a week. The initial medical assessment is undertaken by GP within the required timeframe following admission. Residents have reviews by the GP 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. Contact details for family are recorded on the electronic system, family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The GP provides after-hours service. A physiotherapist visits the facility weekly and reviews residents referred by the GP, CSM or RNs. There was evidence of wound care products available at the facility. The review of the wound care plans evidenced that 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. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. 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. Staff receive handover at the beginning of their shift. Staff response to call bells is actioned promptly, this was evidenced by observation, resident and family interviews, the resident survey and from the review of complaints. This area for improvement from the previous audit is now closed (1.3.3.3 in the 2008 standards). Policies and protocols are in place to ensure continuity of service delivery. The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all unwitnessed falls. This area for improvement from the previous audit is now closed (1.2.4.3 in the 2008 standards). Long term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and if there is a change in the resident's condition. The evaluations include the degree of achievement towards meeting desired goals and outcomes. When progress is different from expected, changes to the care plan are initiated in consultation with the resident and/or family. 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. The two areas for improvement regarding interRAI assessments and activity plan evaluation from the previous audit are now closed. (1.3.8.2 in the 2008 standards) Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. The Māori care plan, which is part of the electronic system, is used for any resident who identifies as Māori. It is developed to assist Māori

		residents to identify their own pae ora outcomes. However, there were no residents who identify as Māori in the facility on the day of the audit.
Subsection 3.3: Individualised activities 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 suitable for their age and stage and are satisfying to them.	FA	The residents' activities programme is implemented by a DT. They are assisted by an activities officer. Activities for the residents are provided Monday to Friday 09.00am to 3.30pm and Saturday 09.00am to 12.00. The activities programme is displayed in the communal area and on the individual resident noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the DT occur regularly. Church services are held on Wednesday and Sunday each week. Regular van outings into the community are arranged. The residents under the young person disabled (YPD) 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. The DT facilitates separate outings and activities at times and provides assistance with preferred activities as needed. The activity programme has included a monthly cultural day, Māori music sessions, New Zealand history and a hāngī. The facility van is used for weekly outings into the community. Family/whānau participation in the programme is encouraged. Regular resident meetings are held and include discussion around activities. The residents and their families reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to	FA	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

access appropriate medication and blood products. 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.		reviews by the GP were recorded electronically. The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily and are within the required range. Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration. Weekly checks of medications and six monthly stocktakes are conducted in line with policy and legislation. The staff observed administering medication demonstrated knowledge and compliance with the medicine administration policies and procedures. At interview they demonstrated clear understanding of their roles and responsibilities related to each stage of medication management The RN or EN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness on the electronic medication record and in the progress notes was sighted. Current medication competencies were evident in staff files. Resident allergies and sensitivities are documented on the electronic medication chart and in the resident's electronic record. Education for residents regarding medications occurs on a one-to-one basis by the GP, CSM or RN. Medication information for residents and whānau can be accessed online as needed. There were five residents self-administering medication on the day of the audit. The residents had a current competency assessment, safe storage of their medication within their room and could describe the need and process for these when interviewed. All legal requirements had been met. Standing orders were in place, all were documented and signed by

		the GP. The UCG medication policy describes use of over-the-counter 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 they would discuss the use of over-the-counter medications and traditional Māori medications with residents and their whanau when required. The UCG medication policy and Māori health plan outlines the requirements for support, advice, and treatments options for Māori residents.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements 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, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori information would be gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan. All meals are prepared on site and served in the dining rooms or in the residents' rooms if requested. The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. Residents and families interviewed stated that they were satisfied with the meals provided. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. The food control plan expiry date is June 2022. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning

		schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated. Discussion and feedback on the menu and food provided is sought at the two monthly residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	There is an UCG resident transfer/discharge policy. Transition, exit, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents/whanau are advised of options to access other health and disability services and social support or Kaupapa Māori agencies if indicated or requested. A transfer form accompanies residents when a patient is moved to another service or facility. The service uses the DHB "yellow envelope" system which includes information on the resident's diagnosis, current needs, medication and identified risks. Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process. Interviews with the CSM and RN and review of residents' files

		confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	A current building warrant of fitness is displayed in the entrance to the facility. Buildings, plant, and equipment comply with relevant legislation. A preventative and reactive maintenance schedule is implemented. This includes monthly maintenance checks of all areas and specified equipment such as hoists. Staff identify maintenance issues on an electronic system. This information is reviewed by the maintenance person and attended to as required. Interviews confirmed staff awareness of the processes for maintenance requests and that repairs were conducted in a timely manner. This areas for improvement from the previous audit relating to hot water temperature monitoring, preventative maintenance planning and monitoring of medication room temperatures are now closed (1.4. 2.4 in the 2008 standards). Interviews with staff and visual inspection, confirmed there is adequate equipment available to support care. The facility has an up-to-date annual test and tag programme. Evidence of checking and calibration of biomedical equipment, such as hoists was sighted. All resident areas can be accessed with mobility aides. There are accessible external courtyards and gardens. All external areas have outdoor seating and shade and can be accessed freely by residents and their visitors. Residents have their own room, and each is of sufficient size to allow residents to mobilise safely around their personal space and bed area, with mobility aids and assistance. Observation and interviews with residents confirmed that there was enough space to accommodate: personal items; furniture; equipment and staff as required. Areas can be easily accessed by residents, family/whānau, and staff. There are areas that are available for residents to access with their

		visitors for privacy if they wish. Observation and interviews with residents and family/whānau confirmed that residents can move freely around the facility and that the accommodation meets residents' needs Residents who are YPD, have easy access to the facility and grounds as well as being able to travel unassisted into town to work and also to enjoy social outings. They commented that their own equipment was maintained. Interview with the FNM advised that any planned alterations or additions for the facility would be identified in the Māori health plan and the service would link into the DHB Māori Health Unit for consultation.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	An approved fire evacuation plan was sighted. Interviews with staff and review of documentation confirmed that fire drills are conducted at least six-monthly. There is a sprinkler system installed throughout the facility and exit signage displayed. Staff interviews, and training records confirm that fire wardens received warden training and staff have undertaken fire training. Staff files and training records demonstrated that orientation and mandatory training includes emergency and disaster procedures and fire safety There are systems and process in place (security).
Subsection 5.2: The infection prevention programme and implementation 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	FA	The infection prevention and 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. There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control. Infection prevention and control resources including personal protective equipment (PPE) were available should a resident infection or outbreak occur. Staff were observed to be complying with the

prevention programme that is appropriate to the needs, size, and scope of our services.		infection control policies and procedures. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures. Ultimate Care Group have a pandemic response plan in place which is reviewed and tested at regular intervals. There are processes in place to isolate infectious residents when required. The infection control nurse (ICN) is an RN who has completed training for the role. The ICN 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 that are held for all staff. Staff have completed infection control education in the last 12 months. The ICN has access to an online training system with resources, guidelines, and best practice. The ICN has completed infection control audits. The area for improvement from the previous audit is now closed (3.4.1. in the 2008 standards). 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.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.	FA	Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the UCG surveillance policy. The ICN uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service. Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the infection control meetings, quality, and staff meetings. Meeting minutes are available to staff. Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short term care plans are

		developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required. Ultimate Care Group collects data on all residents which includes ethnicity. Education for residents and their whanau regarding infections occurs on a one-to-one basis by the GP, CSM or RN and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation. Ministry of Health information and Covid-19 information is available to all visitors to the facility.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The restraint approval process is described in the UCG restraint minimisation policy. Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraint. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. The UCG restraint lead is the head of resident risk, and they described the organisation's commitment to restraint minimisation and implementation across the organisation. Use of restraint is reported to the UCG governing body and includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. Data includes types of restraint used, reasons for using restraint and length of time restraint is used. The GP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered. Restraint is used as a last resort when all alternatives have been

		explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings. On the day of the audit, there were no residents using a restraint at UCG Karadean.

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)
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Low	There is not consistently 24/7 RN cover for the facility as required under the DHB ARRC agreement. Mitigation of this risk has been put into place with an agreement and monitoring by the DHB.	Whenever an RN is not available an enrolled nurse or level 4 qualified caregiver who have a current first aid certificate and medication competency cover for these shifts, with the backup of the telephone, clinical UCG nurse call system.	The service is to ensure there is 24/7 RN cover. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.