

The Ultimate Care Group Limited - Ultimate Care Allen Bryant

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 Allen Bryant
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 March 2023 End date: 16 March 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:	31

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ultimate Care Allen Bryant is part of the Ultimate Care Group Limited. It is certified to provide services for up to 46 residents requiring rest home or hospital level services. The facility is managed by a nurse manager and an operations manager. There have been no significant changes since the last audit.

This certification audit was conducted against the Ngā Paerewa Health and disability services standard NZS8134:2021 and the service contracts with Te Whatu Ora – Health New Zealand Te Tai o Poutini West Coast. The audit process included review of policies and procedures, review of resident and staff files, observations, and interviews with staff, residents, family, and a general practitioner.

Areas identified as requiring improvement related to staffing levels and partnerships with Pacific communities and organisations.

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 complies with Health and Disability Commission Code of Health and Disability Consumer’s Rights (the Code). Residents receive services in a manner that considers their dignity, privacy, independence and facilitates their informed choice and consent. Care plans accommodate the choices of residents and/or their whānau.

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

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

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Ultimate Care Group is the governing body responsible for the services provided at this facility and understands the obligation to comply with Ngā Paerewa NZS8134:2021. The organisation’s mission statement and vision are documented and displayed in the facility. The service has a current business plan and a quality risk management plan in place.

An experienced and suitably qualified nurse manager ensures the management of the facility and provides clinical oversight with the support of an operations manager. A regional manager supports the facility’s managers in their roles.

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an established entry to service process which includes service information provision to residents and their whānau upon enquiry and/or prior to admission. Preadmission visits are arranged with the resident, whānau and ongoing communication takes place to ensure updates around the admission process and timeline occur where needed. Consultation is completed with referring agencies; the community needs assessments teams of secondary inpatient services regarding entry criteria. Service information is provided in accessible formats as required. Entry to service documentation includes ethnicity data and decision outcomes including appropriate information to referrers when services are declined. Entry and decline rate information is collated and reviewed. Partnerships with local Māori community groups and individuals are established to support Māori residents and their whānau to access and/or enter the service in an appropriately supported manner. Staff who identify as Māori are available to support the admission process and appropriate care provision to Māori residents.

Following admission, assessments are completed. The initial plan of support is developed within the required timeframe and guides service provision during the first three weeks following admission.

The community assessment documentation is used to identify residents' needs prior to admission and further assessments are completed following admission. The general practitioner completes a medical assessment within the first two days following admission and medical reviews occur thereafter on a regular basis. Should the residents condition present as stable, three-monthly medical reviews are completed with exemption for monthly reviews recorded for each resident concerned.

Long term support plans are developed and implemented. Review and evaluation processes are completed at least six monthly or sooner as required by the multidisciplinary team members and are documented.

There were processes to ensure that the needs of residents who identify as Māori or Pacific peoples would be met should this be required.

Handovers between shifts guide continuity of support/care and teamwork is encouraged. Team leader roles are in place.

There were policies and processes describing medication management that align with accepted guidelines and legislation. Medication practice observed onsite met with policy and process requirements. Staff responsible for medication administration have completed education, training, and annual competency assessment.

The activity programme is developed and provides a variety of individual and group activities. Activities are personalised to meet individual needs and interests with community links encouraged and supported.

The food service meets the nutritional needs of the residents. All meals were prepared on-site. Residents and family/whānau 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 is a current building warrant of fitness. A reactive and preventative maintenance programme is implemented. External areas are safe and provide shade and seating.

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

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

Alternative essential energy and utility sources are available in the event of the main supplies failing.

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

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

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

The nurse manager leads the infection control programme. Infection data is collated, analysed, trended, and reported through an established reporting system that escalates to the Board and back to facility staff. Antimicrobial prescribing is monitored. Monthly surveillance data is reported using the same reporting framework both to the Board and to facility staff.

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. The organisation has made a commitment to a “restraint free environment”. A senior clinician leads restraint for the organisation and leads the national restraint team. All restraint decisions are considered at national level with input from the onsite staff and the wider clinical team. Restraint is considered a last resort after all other alternatives have been exhausted.

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

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	1	1	0	0
Criteria	0	165	0	1	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Staff receive training in cultural safety at orientation. The organisation has developed and implemented a cultural safety module that is provided as part of the mandatory annual education programme. It defines and explains cultural safety and its importance including Te Tiriti o Waitangi and tikanga best practice. All current staff have completed training.</p> <p>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 and training of Māori staff will be encouraged and interview with the human resource manager evidenced what strategies are in place to promote and enhance this. The plan outlines the aims of UCG to ensure outcomes for Māori are positive and equitable. Strategies include but are not limited to, identifying priority areas, and supporting the role of Mātauranga Māori in the development and delivery of health services. The document outlines the importance of</p>

		<p>ensuring and resident who identified as Māori would have the opportunity to have whānau involved in their care. Documents are provided in te reo Māori where possible.</p> <p>The organisation has developed links and partnerships with local iwi and community Māori organisations as outlined by the operations manager and the contact details for key staff are easily accessible on notice boards. At time of audit there were no resident's that identified as Māori.</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 reviewed outlines the provider's commitment to providing culturally safe care and clearly defines the cultural and spiritual beliefs of Pacific peoples. The policy is underpinned by Pacific models of care however further work is required to ensure the Pacific worldview and voice is fully embraced.</p> <p>Interview with the UCG human resource manager outlined how a strategy has been implemented that ensures that a Pacific health and wellbeing workforce is recruited, retained, and trained across the organisation. This strategy has been prioritised to embed across all services.</p> <p>Information gathered during the admission process includes identifying a resident's specific cultural needs, spiritual values, and beliefs.</p> <p>There were no residents who identified as Pacific peoples on the day of audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal</p>	FA	<p>The organisation has implemented policies and procedures to ensure that services are provided in a manner that upholds resident rights and complies with Health and Disability Commission Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>All staff have received training and education on the Code as part of their orientation. Staff interviews confirmed awareness of the Code. Evidence that the Code is implemented in everyday practice includes maintaining residents' privacy, providing residents with choice, and</p>

<p>requirements.</p>		<p>providing opportunities for residents and their whānau to be involved in care planning.</p> <p>Residents and/or their whānau are provided information on the Code as part of their admission process to the facility. The information supplied includes documentation on the complaints process and additional information for example advocacy services. Residents and whānau interviewed outlined they had received or sighted the documentation regarding resident rights and were aware of the complaint process. Posters, door signage, and feature notice boards were all visible in te reo Māori and English throughout the facility.</p> <p>Policy and practice include ensuring that all residents, including any Māori residents' right to self-determination is upheld and they can practise their own personal values and beliefs. The Māori health 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 provider ensures that residents and whānau are involved in planning and care, which is inclusive of discussions and choices regarding maintaining independence. Resident, whānau, staff interviews and observation confirmed that individual religions, social preferences, values, and beliefs are identified and upheld. These were also documented in resident files.</p> <p>The provider has policies and procedures that are aligned to the requirements of the Privacy Act and Health and Information Privacy Code to ensure that a resident's rights to privacy and dignity are upheld. Residents, whānau, and staff interviewed plus observations confirmed that staff knock on doors before entering, ensure doors are shut when personal cares are being provided, and residents are suitably covered or clothed when taken to the bathroom. Interviews and observation confirmed that staff maintain confidentiality and are discreet holding conversations of a personal nature in private.</p> <p>Staff receive training in tikanga best practice. Culturally appropriate activities have been introduced such as Matariki, Waitangi Day and celebrating Māori language week.</p>

		<p>Interviews and observations evidenced that te reo Māori is supported throughout the facility. The organisation supports tāngata whaikaha to do well with documentation reviewed outlining how staff will support to set and achieve goals within all aspects of service delivery.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>There is policy that includes definitions, guidelines, and responsibilities for staff to report suspected abuse. Staff receive orientation and mandatory training on abuse and neglect. Interviews confirmed staff awareness of their obligations to report any incidences of suspected abuse or neglect. Staff and whānau interviews confirmed there was no evidence of abuse or neglect.</p> <p>The admission agreement signed prior to occupation, provides clear expectations regarding the management and responsibilities of personal property and finances.</p> <p>Residents and/or their whānau provide consent for the activities officer to manage the residents comfort funds. Discussion with residents and/or their whānau confirmed that resident property is respected.</p> <p>There are policies and procedures to ensure that the environment is free from discrimination, racism, coercion, harassment, and financial exploitation. They provide guidance to staff on how this is prevented and, where suspected, the reporting process. Job descriptions sighted included the purpose of the role, responsibilities, and reporting lines.</p> <p>Staff are required to sign and abide by the UCG code of conduct and professional boundaries agreement. All staff files reviewed evidenced these were signed. Staff mandatory training includes maintaining professional boundaries. Discussion with staff confirmed their understanding of professional boundaries relevant to their respective roles. Interviews with residents and/or whānau confirmed that professional boundaries are maintained by staff.</p> <p>Resident interviews described how the facility promotes an environment in which residents and/or their whānau feel safe and</p>

		<p>comfortable to raise any issues and that discussions are free and open.</p> <p>A review of documentation and interviews with staff evidenced that the organisation has prioritised the introduction and implementation of the Māori model of care Te Whare Tapa Wha across service delivery.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>There is policy to ensure that residents and their whānau have the right to comprehensive information, supplied in a way that is appropriate and considers specific language requirements and any disabilities. An interview with the operations manager confirmed that where required, interpreters are accessed from Te Whatu Ora. At time of audit there were no residents that required an interpreter. An interview with the providers resident advocate outlined that residents are provided independent support to ensure their rights are taken seriously and are respected.</p> <p>There is policy requiring that whānau are advised within 24 hours of an event occurring. Review of documentation, staff, resident, and whānau interviews confirmed that time frames are met.</p> <p>Two monthly resident/whānau meetings and newsletters inform residents and their whānau of facility activities. Meetings are advertised in the activities planner with reminders of what is coming up, placed on notice boards throughout the facility. Meetings follow a set agenda and are chaired by the activities officer. Meeting minutes plus staff and resident interviews demonstrate attendance by residents and their 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 activities plan, and menu are available to residents and their whānau.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	FA	<p>There is an informed consent policy to ensure that a resident who has capacity/competence to consent to a treatment or procedure,</p>

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>has been given sufficient information to enable a resident to arrive at a reasoned and voluntary decision. It provides guidelines for staff to ensure adherence to the legal and ethical requirements of informed choice and informed consent. The policy includes a definition of consent, procedures and how this will be facilitated and obtained. Staff receive orientation and training on informed consent and informed choice. All staff interviewed demonstrated they are cognisant of the procedures to uphold informed consent. The resident information pack includes information regarding consent. The nurse manager discusses and explains informed consent to residents and their whānau during the admission process to ensure understanding. This includes consent for resuscitation and advanced directives. All resident records sampled, had signatures for consent.</p> <p>The informed consent policy acknowledges Te Tiriti and the impact of culture and identity of the determinants of the health and wellbeing of Māori residents. It requires health professionals to recognise these as relevant when issues of health care and Māori residents arises. The operations manager outlined that the provider could access additional support within their community should they require specific guidance in relation to tikanga and consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The organisation has a complaints policy that is in line with Right 10 of the Code. The complaint process is made available in the admission agreement and explained by the nurse manager on the resident's admission. Complaint forms are easily accessed within the facility and the UCG website enables complaints to be logged online.</p> <p>The nurse manager is responsible for managing complaints. There had been four complaints over the last 18 months. 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. Evidence relating to the investigation of the complaint is contained within the electronic document. Interview with the head of clinical for UCG and a review of complaints received indicated that complaints are investigated promptly, and issues resolved in a timely manner.</p>

		<p>Interviews with the operations manager, staff, residents, and whānau confirmed that residents can raise any concerns and provide feedback on the facility. Residents and whānau interviewed stated they had been able to raise any issues with the senior team and were aware of the complaint process.</p> <p>The facility can access appropriate cultural support for Māori residents when required to navigate the complaints process.</p> <p>It was reported that there had been no complaints to external agencies since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Ultimate Care Allen Bryant facility is part of Ultimate Care Group (UCG) with an executive team providing direction to the facility. The UCG governance body meets legislative, contractual, and regulatory requirements. The UCG governance body understands and has a commitment to the Ngā Paerewa NZS8134:2021 as outlined in a recent discussion with the chief executive (CE) for UCG.</p> <p>The annual strategic, business plan, has key outcomes which are resident centred, such as resident satisfaction, health and safety, complaints, education, and fiscal stability. These are monitored at board meetings. There is Māori representation at governance level. The CE outlined the core competencies that executive management are required to demonstrate, and these include understanding of the organisation’s obligations under Te Tiriti, health equity and cultural safety.</p> <p>The organisation has a documented strategic 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>Tāngata whaikaha are supported to achieve their aspirations as outlined within the providers Māori health plan. This document further describes how the organisation will ensure there are no barriers to equitable service delivery. The operations manager described how staff are encouraged to use basic te reo Māori</p>

		<p>phrases and upskill in Māori tikanga. Whānau are encouraged to have input into service improvement as confirmed in interview with resident's whānau.</p> <p>The UCG management team has a clinical governance structure in place, that is appropriate to the size and complexity of service provision. The clinical operations group report to the board monthly on key aspects of service delivery.</p> <p>The nurse manager reports to a regional manager (RM) who oversees the facility's quality and operational performance. The RM holds weekly video meetings with all the facility/nurse managers in the region and maintains regular face to face contact. With the facility nurse manager unexpectedly absent for this audit the team were supported by the head of clinical for UCG. The operations manager advised that the nurse manager is a registered nurse and has been in the role since 2019.</p> <p>The facility provides rest home, hospital level and respite care for up to 46 residents. Services are provided across two wings with all rooms in the rest home and hospital areas as dual purpose. At time of audit there were 31 residents, two of those were receiving respite care services funded by Te Whatu Ora, 18 receiving rest home care and 11 receiving hospital level care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has an annually reviewed, executive team approved, quality and risk management plan.</p> <p>The plan outlines the identified internal and external organisational risks and the quality and risk management framework utilised to promote continuous quality improvement. There are policies, procedures, and associated systems to ensure that the provider meets accepted good practice and adheres to relevant standards, including standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>There is an implemented annual schedule of internal audits. Areas of noncompliance include the implementation of a corrective action plan with sign off by the nurse manager when completed. Identified</p>

		<p>trends are monitored and raised for discussion within the quality meetings.</p> <p>A reporting tool has been implemented called the 'managers reflective report' to capture a broad range of clinical information across all facilities.</p> <p>The Ultimate Care Allen Bryant nurse manager takes the responsibility for the health and safety within the facility. The facility has made a commitment to ensuring staff across the facility are aware of the importance of health and safety and have trained additional staff covering all areas of the facility. Completed hazard identification forms and staff interviews show that hazards are identified. The hazard register is relevant to the facility and has been regularly reviewed and updated.</p> <p>The provider holds a comprehensive schedule for all staff meetings that includes but is not limited to quality, health and safety, staff, infection prevention, with high staff attendance evident in meeting records reviewed. Meetings follow a set agenda with a broad range of topics discussed.</p> <p>At interview, and the documentation review of resident meeting minutes, it was noted that residents are involved in decision making/choices.</p> <p>The provider follows the UCG national adverse event reporting policy for external and internal reporting. Notifications to HealthCERT under Section 31 are completed weekly regarding the ongoing lack of registered nurse cover throughout 2022/23. Further documentation reviewed and staff interview confirmed Section 31 notifications have been completed appropriately for pressure injuries.</p> <p>The organisation's commitment to providing high quality health care and equity for Māori is clearly stated within the Māori health plan and policy. This includes the provision of appropriate education for all staff, supporting leaders to champion high quality health care and ensuring that resident values guide all clinical decisions.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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 organisations staffing policy includes the rationale for staff rostering and skill mix inclusive of a nurse managers roster allocation tool to ensure staffing levels are maintained at a safe level. However, due to staff turnover there were several shifts without a registered nurse (RN) on duty.</p> <p>The nurse manager works 40 hours per week Monday to Friday and participates in the on-call roster for any clinical issues. The operations manager works 40 hours per week and is available for operational issues after hours. Laundry and cleaning staff are rostered seven days a week. Shift leaders are rostered to cover the shifts without RNs rostered. All shift leaders are senior level four care givers with enrolled nurse or international nurse qualifications who have been supported to complete additional training in assessment skills, emergency management and health and safety. The organisation has implemented an afterhours call system for staff to obtain clinical guidance and support. One RN was interRAI trained and care givers complete the New Zealand Health Qualifications Association (NZQA) Health and Wellbeing Training (level four).</p> <p>There is an implemented annual training programme. Staff competencies, training, and education scheduled are relevant to the needs of aged care residents.</p> <p>Annual resident and relative satisfaction surveys are completed, with a corrective action plan put in place to address areas requiring improvement.</p> <p>Support systems promote staff wellbeing, and a positive work environment was confirmed in staff interviews. Employee support services are available as required.</p> <p>The provider collects resident and staff ethnicity data to inform Māori health information reporting.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of</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. Review of staff records confirmed the organisation's policy is consistently</p>

<p>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.</p>		<p>implemented and records maintained. The recruitment process includes police vetting, reference checks, signed contracts, and job descriptions. Current practising certificates were sighted for all staff and contractors who require these. Personnel involved in driving the van used for resident outings held current driver licences and first aid certificates. Non-clinical staff include household and laundry personnel, a part time maintenance person, and kitchen staff.</p> <p>There is documented and implemented orientation programme and staff training records show that training and education is attended. There was recorded evidence of staff receiving orientation, with a generic component specific to their roles on induction. Staff interviews confirmed completing this and stated it was appropriate to their role.</p> <p>Staff files reviewed evidence that staff have completed annual performance reviews, and documentation was complete.</p> <p>Information held about health care and support workers is kept in a secure location with confidentiality maintained. The provider had developed a process to ensure staff ethnicity data is collected meets the Health Information Standards Organisation (HISO) requirements and had commenced collecting data in line with policy.</p> <p>Management ensure opportunities are provided for staff to be involved in a debrief and discussion following significant events and can provide ongoing support where required.</p>
<p>Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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>	<p>FA</p>	<p>Resident's records and medication charts are managed electronically. Residents' information including progress notes is entered into the resident's records in an accurate and timely manner. The name and designation of the person making the entry is identifiable. Residents' progress notes are completed every shift.</p> <p>There are policies and procedures in place to ensure the privacy and confidentiality of resident information. Staff interviews confirmed an awareness of their obligations to maintain confidentiality of all resident information. Resident care and support information can be accessed in a timely manner and is protected from unauthorised</p>

		<p>access.</p> <p>Records include information obtained on admission and information supplied from resident's whānau where applicable. The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a 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>FA</p>	<p>A website is maintained that provides current information about the Ultimate Care Group services available within the Hokitika area including how to access the facility.</p> <p>On admission residents and their whānau are provided written and verbal information with any questions raised answered by staff. Admission packs sighted in the services audited provided comprehensive information. The information is available in multiple languages, written in plain language citing key messages. Interpreters are available and used as required to ensure resident understanding is achieved. Staff interviewed reported they could access interpreter services if required.</p> <p>There were documented entry policies and processes in place and staff interviewed were able to discuss these in detail. Clinical records sampled, and residents interviewed, confirmed that entry requirements were met. Information relating to admission, discharge and decline rates are analysed by the board via the monthly reflections report.</p> <p>Residents and whānau interviewed reported they were treated with respect throughout the admission process and understood the rationale for information required during the process, for example 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>Staff interviewed confirmed the process that is undertaken when services are declined including communication with the referrer/ family alongside documentation required. In situations where the residents care requirements are outside the scope of the facility, referral to other health/disability providers is completed. The GP</p>

		<p>confirmed in interview the referral pathways commonly used and these included secondary and primary health services in Greymouth, tertiary health services in Christchurch as well as continuing care providers in Te Wai Pounamu. Transfers occur in collaboration with the needs assessment and service coordination (NASC).</p> <p>The organisation has established relationships with the iwi of the region including local Māori health providers, organisations, individuals, and communities to ensure appropriate support for tāngata whenua.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Two resident tracers were undertaken which included one hospital level and one rest home level resident.</p> <p>Clinical files sampled, demonstrated that residents admitted to the facility had been assessed in a timely manner. Holistic assessments had contributed to the development of care plans to inform resident's journey. Residents and whānau interviewed confirmed that they had been aware of the assessment process, understood the care-plan development process and that whānau were involved. The provider has developed a model of care specific to older persons. Staff interviewed described the model of care and how the model informed care delivery.</p> <p>Documented residents' assessments were completed on admission by a registered nurse and a medical practitioner. The assessments included the resident's history, pain, nutrition, mobility, skin condition, early warning signs (EWS), cultural needs and spiritual wellbeing, and documentation of the resident's life experience. The assessments reviewed had been completed in consultation with the resident and whānau.</p> <p>The progress notes sampled documented discussions held with the resident. Consent documents including consent for outings, was documented in all files sampled.</p> <p>Staff interviewed and education records sighted confirmed that staff had completed cultural training. Staff interviewed discussed how they implemented the learnings of tikanga Māori into their practice</p>

	<p>and provided examples. There were five staff who identified as Māori at the time of the audit. Māori staff interviewed confirmed they could use te reo Māori.</p> <p>The electronic clinical record was integrated and included documentation from all members of the multi-disciplinary team (MDT) including completed assessments. Hard copy documents entering the facility are scanned and uploaded into the residents clinical file within 24 hours, or sooner, by dedicated staff.</p> <p>Resident and whānau interviews confirmed MDT meetings for reviews were undertaken with the residents and EPOA. 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 is evidence to support the staff to complete risk assessments, and this is an ongoing process. Any changes in the resident's condition are documented. There are escalation processes in place for clinical change and staff were able to discuss these. Clinical records sampled confirmed that where escalation had occurred as required this had been documented appropriately. Interviews with medical and nursing staff confirmed the processes was undertaken consistently.</p> <p>The clinical records sampled demonstrated that reviews of the resident care were ongoing with MDT meetings completed a least six monthly. All reviews were completed by registered health professionals including doctors, nurses, and physiotherapists. Handover meetings between each shift ensure residents progress towards meeting identified goals was considered. Where progress was different from that expected, changes to the resident's care plan were made and actions implemented. This was verified in clinical files reviewed and during staff and resident interviews.</p> <p>The organisation has developed policies and procedures in conjunction with the other relevant services and organisations to support tāngata whaikaha. These services and organisations had representation from tāngata whaikaha. Interviews with staff</p>
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		<p>confirmed that staff were able to facilitate tāngata whaikaha access to information should this be required.</p> <p>Staff discussed their understanding of support required for Māori and whānau to identify their own pae ora outcomes in their care or support plan, how these could be achieved and documented if required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. 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.</p>	<p>FA</p>	<p>Free Wi-Fi is available for residents and family/whānau throughout the facility. There are two main lounges both with a television, and a variety of activities for use by residents included books, cards, and jigsaws. There is an activities coordinator (AC) employed for Monday to Thursday and care staff support activities across the weekend.</p> <p>The monthly activities plan was reviewed and included a variety of physical, intellectual, and pleasurable activities for groups and individuals. One on one time is provided and includes hand massages, card making and reading. The AC has access to a monthly budget for activities and confirmed this provides opportunity for a variety of experiences including weekly happy hour, outings, and resources such as board games.</p> <p>Clinical files sampled across all services evidenced that the residents' strengths, skills, and interests had been assessed and were considered when planning care. A whole of team approach was engaged to support the resident's care. During the onsite audit a community group with young parents and babies visited for music therapy. This was highly regarded by both residents and staff.</p> <p>Information was displayed for residents and family/whānau related to service aligned community groups.</p> <p>Staff discussed residents leave where this was possible and how this was facilitated.</p> <p>Staff interviewed confirmed that they had been enabled to complete Māori cultural awareness education. They also advised that they were aware of community activities that supported the cultural needs of the population served. Senior staff interviewed onsite confirmed the involvement of Māori and communities in the delivery of services</p>

		<p>is encouraged and reflected the strategic documents in place.</p> <p>On admission the nursing staff discuss with the resident their cultural requirements, and these are documented.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed 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 provider uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. A system is in place for returning expired or unwanted medication to the contracted pharmacy.</p> <p>Medications are stored securely in accordance with requirements. Medications are checked by staff who have completed the medication competency. Controlled medication is checked by two competent staff. There is a system in place for as required medication and staff interviewed confirmed this onsite. Effectiveness of as required medicines was recorded appropriately. Weekly checks of medications and six monthly stocktakes are conducted in line with policy and legislation. The medication refrigerator temperature and medication room temperature are monitored as per UCG policy and are within the required range.</p> <p>Staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the GP, or RN. Medication information for residents and</p>

		<p>whānau can be accessed online.</p> <p>There was one resident self-administering medication on the day of the audit. The resident's clinical files were reviewed, and the resident and an RN interviewed. The resident's medication file confirmed self-administration of several medications, and this was clearly recorded. Staff check twice daily to ensure medication has been taken as required and this is documented. Self-administration documentation was sighted, and this was current, signed by the resident and GP. The resident has a locked cupboard in their bedroom for storage of medication, and this was observed. The key was safely stored/managed. The resident confirmed a sense of independence and satisfaction with the self-administration process. Regular reviews are completed.</p> <p>There were no standing orders in place. The UCG medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with, and prescribed by, a medical practitioner. Interview with the GP, CM and RN confirmed that where over the counter or alternative medications were being used, they were added to the medication chart following discussion with the resident and/or their family/whānau.</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>The organisation has a New Zealand Registered Dietitian who informs and signs off on the organisation's meal plans. There are two meal plans provided at Allen Bryant: summer and winter. Transition to the winter plan will take place in May 2023. There is a current Food Control Plan.</p> <p>There are two cooks employed who provide kitchen services seven days a week and both were interviewed. Meals prepared onsite during the audit were of high quality. Residents confirmed their satisfaction with the meal service provided. Family interviews confirmed a high level of satisfaction with the food service provided including meals and snacks for families as desired. Residents are supported to be involved with food preparation with the example given when the provider celebrated Saint Patricks Day residents had fun creating home baking with a green theme. Home baking is</p>

		<p>available twice daily.</p> <p>As part of the assessment process when residents are admitted, staff identify any allergies/sensitivities/ special diets/ likes and/or dislikes and these are provided to the kitchen staff on the same day of admission. Special diets were discussed in staff interview and confirmed as appropriate and responsive to resident preferences. Observation of the kitchen areas confirmed clean neat orderly kitchens with resident sensitivities listed on the kitchen wall. Staff confirmed they were aware of resident allergies/sensitivities.</p> <p>There are two kitchens on site, the main kitchen near the Alpine wing providing a centralised food service for the whole facility and a second situated in the Tasman lounge area. Both were well appointed, and clean. Food is transported safely to the Tasman lounge in a food trolley. Food temperatures are recorded, and documentation maintained. All food temperature documentation reviewed confirmed food was managed safely at required temperatures. Fridge temperatures are monitored.</p> <p>During interview the kitchen staff confirmed that breakfast and dinner is managed by care staff whilst the midday meal is managed by dedicated kitchen staff. There are opportunities for Māori patients to request special diets and this was confirmed in staff interviews.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There are policies and processes that guided 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, transfer, and discharge was planned and in response to the resident's health and well-being and this was confirmed during staff interviews. The clinical record and staff interviews confirmed that the discharge process was undertaken in a timely manner where it was indicated.</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</p>

		<p>agencies.</p> <p>Individualised discharge plans are discussed at multidisciplinary team meetings held as required or at least six monthly. Interviews and clinical records sampled documented that the required assessments and interventions had been completed to meet any discharge planning goals and mitigate risks associated with transfer/discharge.</p> <p>Kaupapa Māori services are known and included as options for residents when transfers/discharges are considered for Māori residents. Staff confirmed their relationships with kaupapa Māori services, and these had been utilised in the past.</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>A current building warrant of fitness is displayed in the front entrance to the facility. Buildings, plant, and equipment comply with legislation.</p> <p>A preventative and reactive maintenance schedule is implemented. This includes monthly checks of all areas and specified equipment such as hoists. Staff identify maintenance issues via an electronic system. This information is reviewed by the maintenance person and prioritised. Interviews confirmed staff awareness of the process for maintenance requests, and that repairs were conducted in a timely manner. The maintenance person works in tandem with the nurse manager to ensure that hazards are identified, documented in the hazard register, and reviewed. The nurse manager maintains the responsibility of ensuring the register is current.</p> <p>Interviews with staff and visual inspection confirmed there is adequate equipment available to support care. The facility has an up-to-date test and tag programme. The schedule for the checking and calibration of bio-medical equipment was sighted. There is a system to ensure that the facility van is routinely maintained. Inspection confirmed that the van has a current registration, warrant of fitness, first aid kit, fire extinguisher, and functioning hoist. Staff interviews and documentation evidenced that those who drive the van have a current driver's licence and first aid certificate, with those</p>

		<p>responsible for using the hoist completing additional training.</p> <p>Interview with the maintenance person confirmed a system is in place that records the temperature of the hot water across the facility at regular intervals. Anomalies are managed by the maintenance person who informs the nurse manager as required.</p> <p>All areas can be accessed with mobility aids. There are accessible external areas for residents and their visitors that are shaded and provide seating.</p> <p>There are adequate numbers of accessible showers, handbasins and toilets throughout the facility with visitors' toilets clearly identified. Communal toilets have a system to indicate vacancy and provide disability access. All shower and toilet facilities have call bells, sufficient room, approved handrails, and other equipment to facilitate ease of mobility and to promote safety and independence.</p> <p>Residents have their own room, and each is of sufficient size to allow residents to mobilise safely around their personal space and bed area with mobility aids and assistance.</p> <p>Observations and interviews with residents confirmed there is enough space to accommodate personal items, furniture, equipment, and staff as required. Observations and interviews with staff 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 and at least one external window providing natural light. Resident rooms are heated in the winter. The environment in resident areas was noted to be maintained at a satisfactory temperature. This was confirmed by staff and residents.</p> <p>Staff interview confirmed that in the event of additions to the facility Māori consultation and co-design would be accessed with the support of UCG head office staff, and the linkages in place with local iwi and Māori organisations.</p>
Subsection 4.2: Security of people and workforce	FA	Staff and training records demonstrated that orientation and

<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>mandatory training includes emergency and disaster procedures and fire safety. An approved fire evacuation plan was sighted. Interviews with staff and review of documentation confirmed that 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 and staff interviews confirm that fire wardens received fire warden training and staff have undertaken emergency evacuation training.</p> <p>The staff competency register evidenced that there is a system to ensure that staff maintain first aid competency.</p> <p>The facility has sufficient supplies to sustain staff and residents in an emergency. Alternative energy and utility sources are available in the event of the main supplies failing. These include a gas barbeque, emergency lighting and enough food, water, dressings, and continence supplies. The facilities emergency plan includes considerations of different levels of resident needs.</p> <p>Call bells are available to summons assistance in all resident rooms, bathrooms, and communal areas. Call bells are checked monthly by the maintenance person. Observation and resident interviews confirmed that call bells are answered promptly.</p> <p>Security systems are in place to ensure the protection of residents, staff, and visitors. These include all visitors signing in and out, staff wearing the organisation uniforms with name badges, security lighting and the facility being locked in the evening with restricted entry to the building after hours.</p> <p>Whānau are aware of the security measures and emergency systems with notices placed on notice boards throughout the facility which clearly outline which fire zone you are in and what action to take in the event of an emergency.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of</p>	<p>FA</p>	<p>The Ultimate Care Group senior leadership team (SLT) identifies the infection prevention (IP) and antimicrobial stewardship (AMS) programmes as integral to improving the quality of services delivered to all people in their services including Allen Bryant residents. All</p>

<p>IP and AMS programme governance. 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>infection prevention issues are escalated through established reporting lines to the SLT through the National Clinical Manager and to the Board.</p> <p>Strategic direction and advice to the SLT is through national bodies either to which the leaders belong or relate to. These include the regional, and national experts and other health service providers.</p> <p>The facility's infection prevention team consists of the clinical manager (CM) who reports to the national clinical manger. Reporting includes activities, outcomes, and overall response effectiveness to outbreaks and infections. The COVID-19 pandemic documentation includes information made available to the SLT who led the decision making for the facility's response.</p> <p>Significant IP events are managed using a stepwise approach to risk management and receive the appropriate level of organisational support. Ethnicity data is collected for infections and reported through established reporting mechanisms such as the Reflection Report.</p> <p>The AMS programme information is provided to the SLT and the Board. The effectiveness of the programme is reviewed.</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 prevention and control team (IPCT) on site are responsible for implementing the infection prevention programme/plan which is linked to the quality programme. The team meets monthly and reports through the CM to the national CM. Staff confirmed the escalation process related to IPC issues and how this occurs through the national CM and to clinical governance as required. There are defined responsibilities for IPC decision making that include clinical governance.</p> <p>The roles and responsibilities for the IPC lead, the CM, are established with the current IPC lead job description. The CM has completed regular training with an external IPC consultancy. Orientation and mandatory IPC training has been completed for staff including RNs, health care assistants (HCA,) cleaning, laundry, kitchen, and activity staff. Interviews were undertaken with members</p>

	<p>of the IPCT who confirmed the monthly meetings included pandemic issues/updates. They also discussed access to up-to-date information related to infections/the residents infection status through an IPC consultancy programme, national IPC, and government websites. Information support is available through the local primary health services including general practice and district nursing service. Secondary support was through the primary health services provided through Te Nikau integrated (primary /secondary) health service in Greymouth. Information educational resources such as COVID-19 facility requirements are available to residents in te reo Māori.</p> <p>Infection prevention audits including hand hygiene are 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 document review and benchmarking data provided.</p> <p>Up to date policies and procedures guide IPC practice. Outbreak management and plans are implemented as needed in a timely manner. The management and oversight of outbreaks is supported by the SLT, and documentation confirmed information is escalated internally as required. Required reporting for outbreaks is completed including Section 31 reporting and this was confirmed onsite through interview and document review.</p> <p>Cultural advice is accessed to ensure the IPC programme is culturally safe. The IPCT attend relevant education through an established externally provided programme. Where appropriate the IPCT provide input into new projects/renovations. Staff report there have been no requests for IPC input in recent times as the need has not presented. Senior clinical staff with IPC training/education inform the organisations decision making related to the procurement of IPC resources. The reuse of single use items is managed according to policy and meets the intent of standards. This includes a risk assessment where appropriate.</p> <p>The outbreak and the pandemic plans were implemented successfully during the COVID-19 pandemic. Two COVID-19 outbreaks have occurred since the previous onsite audit (August</p>
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		<p>2022 and January 2023) The documentation reviewed confirmed these were managed to meet policy and contract requirements. Debriefing meetings were completed. During interview, the GP confirmed the IPC process undertaken during the outbreaks was appropriate, timely and prevented avoidable spread of infection.</p> <p>Appropriate supplies of personal protective equipment (PPE) are available in each wing. Observation confirmed these were appropriately used including masks, aprons, and gloves. There are ample reserves onsite and a system and process in place if additional stock is required.</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.</p> <p>The IPC policies reviewed meet the requirements and were based on current accepted good practice. They are available to staff with multiple electronic devices in use across the facility for timely access. The IPCT have input into other relevant clinical IPC documents including policies and procedures. Cleaning and laundry management policies are in place. All staff interviewed reported their responsibilities regarding infection prevention.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antimicrobial stewardship programme (AMS). The AMS programme is developed and implemented to optimise antimicrobial use and to minimise harm.</p> <p>Infection prevention and control data is collected and analysed. Once submitted it includes all surveillance data such as the infection management system and AMS surveillance outcomes alongside audits for infections. The medication management system captures surveillance data on antibiotic reporting, allergies/sensitivities for the AMS programme. Staff outlined how cultural advice is accessed when indicated to ensure the IPC programme remains culturally safe. The IPCT attend relevant education for IPC and AMS. All new staff receive induction/orientation including infection prevention and</p>

		<p>this is available on-line. The IPCT/CM provide planned and opportunistic education for staff.</p> <p>Ethnicity data is collected across the organisation and confirmed in the onsite data sighted. The effectiveness of the AMS programme is continually evaluated, and any areas identified for improvement are used for quality improvement. Reporting including analysed data is included in the monthly quality report through to the Board.</p> <p>Discussion with the GP included the organisations AMS programme with the prescribers informed around national and international AMS goals. Medication charts reviewed outlined that antibiotic use was limited on days of audit. Staff were informed around antibiotics 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>FA</p>	<p>The surveillance undertaken is detailed in the infection prevention and control programme by dedicated staff. This includes monitoring positive results for infections and outbreaks as well as the inclusion of ethnicity data. Methods for surveillance are documented in surveillance activities. The results of audits monitoring compliance with hand hygiene are all part of the health, quality, and safety commission (HQSC) programme.</p> <p>Variances in trends in surveillance data are identified and investigated as verified during the IPCT interviews. Results of surveillance are discussed and communicated to the IPCT, to staff and the SLT. There is reporting to clinical governance as required.</p> <p>Staff interviewed were satisfied that any urgent issues would be escalated to governance in a timely manner. Members of the senior leadership team discussed infection information, trends, the programme, and the organisations pandemic response. Culturally safe communication processes are outlined within the Māori Health Plan when required for residents with healthcare associated infections (HAI).</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <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>FA</p>	<p>The operations manager oversees the cleaning staff. Up to date policies and procedures guide appropriate and safe cleaning practices and waste management.</p> <p>There are two cleaners employed sharing responsibilities over seven days. Areas of the facility visited were well maintained and clean on visual inspection. Cleaning schedules are in place and staff interviewed confirmed the cleaning processes. There has been an increase in the frequency of cleaning high touch points and regular audits of cleanliness are undertaken and reported. Feedback is provided to relevant staff.</p> <p>Safe storage and disposal of waste was reviewed in resident areas. Staff are trained in chemical safety, linen and hazardous waste management as required. Health and safety for staff, residents and visitors meets legislative requirements. Yellow bag and yellow containers for sharps and syringes were viewed in clinical areas visited. The processes to manage these was confirmed and includes transport to the local pharmacy for disposal.</p> <p>The laundry/cleaning staff training commences at orientation/induction and continues annually with refreshers and updates including the use of chemicals and disposal/management of waste.</p> <p>Cleaning processes align with infection prevention principles with members of the IPCT allocated responsibility for involvement in review of the processes. Chemicals and cleaning supplies are stored securely in clinical areas and cleaning staff interviewed had been trained on cleaning processes and chemical usage. Trolleys are stored safely when not in use in locked cupboards. Chemical containers are refillable. Personal protective equipment (PPE) is used when refilling the bottles. All chemical bottles observed were clearly labelled and stored appropriately.</p> <p>Laundry services are provided onsite. Soiled linen and residents' personal items are collected by laundry staff from the resident areas and appropriately transported to the laundry. Clean and soiled linen are managed separately with clear division observed in the laundry. The process for managing kitchen and infectious linen was reviewed and met requirements. Laundry equipment is up to date and staff</p>
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		<p>report satisfaction with the commercial washing machines and other laundry equipment. Clean linen is stored appropriately in hall cupboards with linen trolleys covered when in use.</p> <p>Residents' personal items are laundered as per individual item label requirements and when dry, stored separately in labelled resident bins for return to the resident areas. Residents clothing items are treated respectfully with hand washed items carefully managed. Residents and family members interviewed reported satisfaction with the laundry service.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>There are policies, procedures, systems, processes in place to guide practice related to the use of restraint. The organisation has a restraint philosophy aimed towards a restraint free environment. All restraint practice is managed through an established process consistently across all Ultimate Care Group facilities.</p> <p>When restraint is considered at facility level, the decision-making escalation process requires input from the national restraint team including the lead clinician. Staff interviews including members of the restraint team confirmed the organisations approach to the elimination of restraint and management of behavioural challenges through alternative means. They also confirmed the decision-making process includes a variety of opportunities to explore non- restraint methods including a non-pharmacological approach. 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 behavioural management and communication training with annual updates completed. Staff reported they were trained and competent to manage challenging behaviours including the activities coordinator and documentation confirmed this. The GP interviewed reported there were occasions where residents with early cognition changes presented with symptoms of changed behaviours. The GP stated that staff managed this ably with some pharmacological support where indicated.</p> <p>Staff interviewed, confirmed the processes that are required for</p>

		<p>Māori residents when considering restraint or if restraint practice is implemented. Discussion included staff commitment to ensuring the voice of people with lived experience, Māori and whānau, would be evident on any restraint oversight group, and how this would be achieved through onsite Māori staff and/or community support.</p> <p>Executive leaders receive restraint reports monthly alongside aggregated restraint data, including the type and frequency of restraint if restraint has occurred. This forms part of the regular Reflection Report to the Board. There are no episodes of restraint recorded since the last audit or in living memory of staff. 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 1.2.5</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, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.</p>	PA Low	The Pacific health plan outlines the providers' commitment to providing culturally safe care to Pacific peoples in their care, however they are yet to create a partnership with the Pacific community.	Partnerships with Pacific organisations and communities within the health and disability sector are yet to be developed.	<p>Ensure a community connection is developed with Pacific organisations and communities.</p> <p>180 days</p>
<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 staff turnover, the provider does not meet the requirements of the aged related residential care (ARRC) services agreement with Te Whatu Ora for 24/7 registered nurse cover. Ultimate Care group have implemented risk mitigation strategies including supporting their senior shift leaders to upskill, provision of	There were several shifts that did not have a registered nurse on duty.	The provider is to ensure there are always sufficient registered nurses on duty to meet the agreed residential care services agreement with Te Whatu Ora and provide culturally and clinically safe services.

		<p>afterhours phone support operated by senior UCG clinical staff, the nurse manager and operations manager maintaining an on-call roster, medical support available after hours and access to the community district nurses via a collaborative process put in place during the COVID -19 pandemic and this is ongoing. A recent nursing recruitment programme has been successful with additional staff due to arrive next month.</p>		<p>180 days</p>
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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.