The Ultimate Care Group Limited - Ultimate Care Ranburn

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 Manatū Hauora (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 Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	The Ultimate Care Group Limited
Premises audited:	Ultimate Care Ranburn
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 25 October 2023 End date: 25 October 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: 63

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 tātou 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

Ranburn rest home is part of the Ultimate Care Group Limited. The rest home is certified to provide services for up to 71 residents requiring rest home (inclusive of secure dementia) care and hospital level services. Day to day operations are the responsibility of the facility manager and the clinical manager. There have been no significant changes to services, or the facility since the last audit.

This unannounced surveillance audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and the organisations agreement with Te Whatu Ora Northland. The audit included interviews with residents/whānau, management and staff. A general practitioner was not available for interview on the day of the audit. Records sampled included quality and risk management activities, staff files, resident records and infection surveillance data. Observations were made throughout the audit including the medication round, meal service, staff/resident interactions and the environment.

One previously identified area requiring improvement remains open. This relates to the provision of registered nurse cover during the night shift. This reflects the national nursing shortage. All other previously identified areas requiring improvement have been addressed. One additional improvement has been allocated. This relates to the inclusion of ethnicity data in infection surveillance reports.

Ō tātou 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.

The service is aware of their responsibilities under Te Tiriti o Waitangi and endeavours to enact the principles into everyday practice. Mana motuhake is respected and te whare tapa wha is utilised in support planning. Pasifika policies and procedures are aligned with national strategies embracing world views, cultural and spiritual beliefs.

The organisation maintains a socially inclusive and person-centered service which is aligned with the Code of Health and Disability Services Consumer Rights. Information is communicated in a manner that enables understanding and promotes informed choice. Consent is obtained where and when required. Whānau and legal representatives are involved in consent processes that comply with the law. Residents and whānau confirmed that they are treated with dignity and respect at all times. There was no evidence of abuse, neglect, or discrimination. The complaints process aligns with consumer rights legislation.

Hunga mahi me te hanganga | Workforce and structure

Includes five 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.

Governance representatives and management are aware of their responsibilities regarding compliance. Strategic goals are defined and monitored. The required resources are made available to support the quality and risk management system. The organisation

actively works towards reducing barriers and improving equity. Quality and outcome data is collated, analysed and benchmarked across all Ultimate Care Group services. Corrective actions are implemented and monitored. Organisational risks are monitored.

There is a sufficient number of staff on site at all times. Back up and on-call support is available. All staff are orientated to the essential components of service delivery and maintain the required competencies. Staff performance is monitored.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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.

Residents are assessed before entry to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly. There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so. The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Residents are referred or transferred to other health services as required.

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

Includes two 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 have been no changes to the facility since the last audit. There is a current building warrant of fitness. The organisation maintains a safe and appropriate environment.

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

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

The infection prevention programme is approved by the management team and is appropriate to the size and scope of the organisation. Infection rates are monitored and reported to head office. The surveillance programme provides sufficient information to monitor and analyse infection rates. All staff receive education regarding infection prevention.

Here taratahi | Restraint and seclusion

Includes four 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.

The service is a restraint-free environment and this is supported by the governing body and policies and procedures. There were no residents using restraint at the time of the audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process.

Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

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	2	0	0	0
Criteria	0	52	0	2	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.

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.	FA	Staff demonstrated and explained their commitment towards the principles of Te Tiriti o Waitangi. They mentioned the concepts of whanaungatanga and maaniktanga and how these concepts were practiced on a day to day basis. There was evidence that whānau were paramount and included in all areas of service delivery. There is a dedicated education person who ensures staff are orientated and educated on the principles of Te Tiriti o Waitangi. There are a number of staff who are fluent in te reo Māori, and available to provide cultural support as needed. The service has access to the Ultimate Care Group (UCG) Māori Health Plan which aligns with legislation and current best practice tikanga guidelines. The service has a relationship with local iwi. There were a number of residents who identified as Māori. Those interviewed were satisfied with the support they received and commented on the way in which their whānau and iwi were supported and respected. The facility manager and clinical manager were familiar with the concept of mana motuhake and had completed the Ministry of Health (MOH) Ngā paewera training. There is signage throughout the facility in te reo Māori and art works that reflect cultural significance.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	The UCG Pacific plan is underpinned by Pacific models of care with the management team accessing information from Pacific communities to

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 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.		enhance the plan. Policies align with Te Mana Ola: the Pacific Health Strategy. There were no Pacific residents, however there were a large number of Pacific staff. The facility manager reported that these staff provided cultural support and added a Pacific world view to service delivery. Cultural and spiritual beliefs are documented for all residents. Residents/whānau advised that their cultural beliefs were respected.
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	Staff understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.
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. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process includes staff education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained. The facility manager reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.

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	Signed admission agreements were evidenced in residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation, care plans were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent. Residents and family/whānau confirmed that they are provided with information regarding the Code and consent processes.
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 complaints in a manner that leads to quality improvement.	FA	The complaints process aligns with consumer rights legislation. The process was confirmed to be transparent and equitable. Residents/whānau are given information regarding the complaints process on entry and complaint forms were easily accessible. All complaints or concerns are logged on the UCG electronic system and monitored by the management team to ensure that time frames are met. There have been three complaints/concerns added to the register since the last audit. Records sampled confirmed that these had been comprehensively investigated and closed to the satisfaction of the complainant. The facility manager was able to describe all concerns that had been raised and the actions which had been implemented. Outcomes from concerns/complaints were shared with staff at quality/staff meetings. Residents also have the opportunity to voice any concerns at resident meetings. These are held every two months and records confirmed that these meetings were well attended. The facility maintained a relationship with a National Health and Disability advocate who visited frequently and also provided some staff training. Resident/whānau satisfaction surveys had recently been completed and were being collated. Initial results

		provided evidence that the service is successful in meeting the needs of residents/whānau in accordance with the Code of Health and Disability Services Consumer Rights (the Code), including Right 10. It was reported that there have 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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	It was reported that there have been no changes in the governing structure or management processes since the last audit. There is one director for the Ultimate Care Group who is also the chief operating officer and a member of the management team. The head office management team provide direction to all the UCG facilities and monitor organisational performance against the business plan and strategic goals. There are sufficient internal processes in place to ensure ongoing compliance with legislative, contractual and regulatory requirements. The UCG provide all facility managers with a progress tool from which to self-assess compliance towards these standards. The quality and risk management system is well developed and resourced. It was confirmed that there is Māori representation on the board and that the management team are required to demonstrate core cultural competencies including Te Tiriti o Waitangi, health equity, and cultural safety. The UCG mission statement is displayed. Organisational values reflect integrity, honesty and transparency. The business plan identifies key operational goals. Mechanisms are in place to monitor business outputs and outcomes. This includes performance against the Māori health plan which identifies how the organisation seeks to actively reduce barriers to access and ensure all processes are equitable. The UCG management team has a clinical governance structure in place at head office. The clinical team reviews clinical indicators of all UCG facilities for monitoring and benchmarking purposes. The facility manager at Ranburn is a registered nurse, experienced in the aged care sector and supported by a clinical manager and their UGC regional manager. Weekly roundup reports to the regional manager include discussions regarding occupancy, outcomes, achievements, risk and the focus for the coming week. The service provides rest home, dementia and hospital level care for up to 71 residents. At the time of the audit, there were a total of 63 residents, of

		these there were: 19 residents receiving hospital level care; 28 residents receiving rest home level care, and 16 residents within the secure dementia wing. Included in these numbers was one resident on respite care and one being funded by the Accident Compensation Corporation (ACC). There was also some residents paying privately. The remaining residents were under Te Whatu Ora - Northland aged related residential care (ARRC) 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 UCG applies a risk based approach to quality management. The quality and risk management plan is approved by the management team and covers the scope of the organisation including potential inequities. Risk levels and mitigation strategies are documented and monitored. Business and fiscal sustainability are closely monitored. The facility manager's reflective report, to the management team provides a range of quality and clinical data, with a detailed narrative. Data is reported under the headings of residents, staff and business. Overall performance is rated with comments made from the management team regarding areas which require improvement or closer monitoring. Ranburn's overall rating was at 85% with the only significant shortfall related to the provision of registered nurse cover (refer standard 2.3). A range of quality related activities are implemented. Services are monitored through feedback, resident surveys, review and analysis of adverse events, surveillance of infections, health and safety reports and the implementation of an internal audit programme. Corrective action plans are documented when required, with evidence of closure. Records of staff/quality meetings confirmed that quality data and corrective action plans are discussed and communicated. This addresses the previously identified area requiring improvement (criterion 2.2.4). Ranburn follows the UCG national adverse event reporting policy for internal and external reporting. The process for managing adverse events mitigates the likelihood of repeat events occurring. The adverse events management system supports learning and improvement opportunities. The facility manager is aware of situations in which the organisation would need to notify statutory authorities. Essential notifications are made as and when required, for example section 31 reports to the Ministry of Health (MOH) regarding the nursing shortage. There has also been one

		notification to Te Whatu Ora and the MOH regarding one resident who was wandering. This resident has subsequently been transferred. All incidents are reported and collated through the national UCG system and follows the National Adverse Event Reporting Policy. Reflection reports include the number of falls (which were categorised to enable trend analysis), infection surveillance data, number of wounds, resident weight loss, polypharmacy, pressure injuries, medication errors and the number of prescribed antipsychotics. There were 21 incidents recorded for August 2023 with the majority of these being residents who are considered frequent fallers. Any clinical risks were documented within the residents individual support plans.
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	There is a sufficient number of staff on duty at all times. Staff and residents/whānau commented that staffing levels were adequate. During the day there are four staff in the hospital, three to four in the rest home, and three in the dementia unit. There is an additional floater in the afternoon and four staff during the night. There is a registered nurse on duty each day of the week, for 12 hours a day. Both the facility manager and clinical manager are on site during the week and share on call duties. Rosters sampled confirmed that staff are replaced in the event of a temporary absence. Healthcare assistants share laundry duties. There are dedicated cleaning staff seven days a week. The previously identified area requiring improvement regarding registered nurse cover during the night shifts remains open (refer criterion 2.3.1). A number of staff have a New Zealand Qualifications Authority (NZQA) certificate in Health and Wellbeing. All new staff are encouraged to commence the training on employment. The previously identified area of improvement regarding staff who had mot commenced dementia training has been addressed (criteria 2.3.2). All staff working in the dementia unit have achieved the required NZQA qualification. There are 20 level 4 trained healthcare assistants in total, 14 of whom are internationally qualified nurses (IQN's). Three of the four registered nurses have the required interRAI training and maintain their competencies. The clinical manager described the competencies which staff were required to maintain. These included medication administration, manual handling,

		hoists, infection prevention and the management of challenging behaviours. Records of medication competencies, including a competency renewal quiz were sighted in staff records. There is an ongoing in-service education programme with a dedicated educator on site one day per week. The educator is a Careerforce assessor. Inservice education includes a wide range of relevant topics to the sector. Cultural safety training includes Te Tiriti O Waitangi. This training was last provided in November 2022 and scheduled again for November 2023. The UCG power point presentation and staff questionnaire includes the principles of Te Tiriti o Waitangi, partnership, protection and participation.
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	Professional qualifications are validated. Staff records sampled confirmed evidence of annual practicing certificates for the registered nurses, international qualifications for the IQN's and copies of Health and Wellbeing certificates for the healthcare assistants. All staff are orientated at the commencement of employment. The UCG orientation package is comprehensive and covers the essential components of service delivery. Completed orientation records were sighted in staff records sampled. Staff profiles included ethnicity. Formal performance reviews are completed annually. Records of reviews were sighted. This addresses the previously identified area of improvement (criteria 2.4.5). The facility manager and clinical manager are on site during weekdays so also monitor staff performance on a day to day basis.
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	FA	Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/Enduring power of attorney (EPOA). Long-term care plans were also developed, and six-

whānau to support wellbeing.		monthly evaluation processes ensured that assessments reflected the residents' daily care needs. Behaviour management plans identifying triggers and interventions were implemented as required for all residents with behavioural issues. The general practitioner (GP) completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The clinical manager reported that GP communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly. The clinical manager reported that sufficient and appropriate information is shared between the staff at each handover. Staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes. There was a current wound management policy with a defined escalation process. Each wound had individual wound assessments and management plans completed. There were no pressure injuries at the time of the audit. All residents at risk of developing pressure injuries had comprehensive management strategies in place and this included the use of pressure-relieving equipment. The previous area requiring improvement (criteria 3.2.3) has been addressed. Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. Where there was a significant change in the resident's

		condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes. All residents are assessed at admission and in an ongoing manner to establish interests, pastoral care needs, skills, and a plan is developed for the residents around activities. The previous area requiring improvement around documenting activities for residents in the secure dementia unit (criteria 3.3.1) was addressed. All residents in the secure dementia unit had detailed activities documented on the diversional therapy 24-hour wheel and leisure care plans to meet their assessed needs over a 24-hour period.
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 assessments are completed by the diversional therapist (DT) in conjunction with the registered nurse 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 residents' activity needs are reviewed six monthly at the same time as the care plans. The activity assessment includes a cultural assessment which is designed to gather information about cultural needs, values, and beliefs. The previous corrective action around involving family/whānau in the care planning was addressed (criteria 3.3.1). Resident, family/whānau/EPOA, and GP involvement were evident in the plan of care.
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 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.	FA	The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Medication administration records are maintained. Medications are supplied to the service from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed

		in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit. There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. The previous shortfall around temperature monitoring of medication refrigerators and medication rooms (criteria 3.4.3) has been addressed. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards. There was one resident who was self-administering medication. The previous area requiring improvement around routinely completing self-medication administration competencies for residents self-administering medicines was addressed (criteria 3.4.6). Appropriate processes were in place to ensure this was managed in a safe manner. There is a self-medication policy in place. There were no standing orders in use.
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	The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 19 December 2024. The previous shortfall relating to kitchen staff not having current food safety qualifications (criteria 3.5.5) was addressed. Kitchen staff records reviewed had evidence that all staff had current food safety training. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. Snacks and drinks are available for residents throughout the day and night when required, including those in the secure dementia unit service.

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	Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.
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	There have been no changes to the facility since the last audit. The building warrant of fitness expires in August 2024. There is a dedicated maintenance person who is responsible for ensuring day to day requests for maintenance are addressed. Requests are logged electronically. Staff confirmed these are addressed in a timely manner. There is also an annual work schedule sent from head office. Observations throughout the audit confirmed a safe and appropriate environment. Electrical testing and tagging was current as was the calibration of medical devices. The previously identified area requiring improvement regarding hot water safety has been addressed (criteria 4.1.2). The home is inclusive of all the resident's clinical and cultural needs. There are accessible bathrooms and bedrooms are of generous proportions. Residents rooms are decorated with their personal belongs. Art works throughout reflect a range of cultures and signage is in English and te reo.
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	FA	Rosters are developed in a manner which ensures there is a staff member on site with a first aid certificate at all times. First aid training is provided by an external provider. Current first aid certificates were sighted in staff records. This addresses the previously identified area of improvement

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.		(criteria 4.2.4).
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 prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention programme is appropriate to the size and scope of the organisation. The UCG infection programme (IP) has been developed by those with IP expertise. The programme is approved by governance and links to quality and risk management. It was reported that the IP programme is reviewed and reported on annually. Implementation of the IP programme was observed during the audit. The clinical manager is the infection prevention coordinator and monitors all infection reports. Education regarding the IP programme was routinely covered during orientation and again on the annual education schedule. Records of staff education were sighted. Staff were aware of their responsibilities regarding infection prevention, including hand washing and the correct use of personal protective equipment. Staff knew not to present for work if they were unwell. The last COVID-19 outbreak was in May 2023.
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.	PA Low	Surveillance activities were appropriate to the size and scope of the service. Surveillance takes into account acuity and risk. Standardised surveillance definitions are used. All infections are investigated and reported. The data is collated monthly and sent to head office for benchmarking purposes across all UCG services. Information is graphed and categorised to enable analysis. The clinical manager is responsible for monitoring infections and reporting on the data. The information obtained through surveillance helped determine infection control activities, resources and education needs. An improvement is required to the content of data collected (refer criteria 5.4.3).
Subsection 6.1: A process of restraint	FA	Ranburn is committed to a restraint-free environment. There were robust strategies in place to eliminate restraint use. The management and

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.		governance are responsible for the restraint elimination strategy and for monitoring restraint in the organisation. Documentation confirmed that restraint is discussed at management, and staff meetings. Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. Training is planned annually.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	There were no restraint interventions in place on the day of the audit. The previously identified area of improvement (criteria 6.2.4) is no longer applicable. There was no methods of restraint in place. Staff and the restraint coordinator confidently discussed the alternatives to restraint use. In the event a restraint is considered as the most appropriate and safe option the required processes are documented and monitored by the management team.

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	The facility manager has recruited 14 internationally qualified nurses (IQN’s) from the Pacific Islands, however, has not been able to source New Zealand trained nurses for the night shifts. The facility manager completes the required section 31 notifications to the Ministry of Health regarding the nursing shortage. Risks are mitigated by ensuring that there are four health care assistants, two of whom are IQN’s on the night shifts. The clinical manager and facility manager are also on call. Six of the IQN’s also live on site and can be called if needed. There has been no concerns from staff, management, residents/whānau regarding the clinical safety of residents overnight. This was confirmed in interviews and incident/complaint records.	The previously identified improvement required regarding the provision of registered nurse cover, seven days per week, 24 hours per day, remains open.	Continue with recruitment strategies for increasing registered nurse cover during the night for the hospital wing. 90 days

Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.	PA Low	Surveillance activities included monitoring positive results for infections and outbreaks. Standard surveillance definitions, purpose and methodology were described in the UCG surveillance policy. The collection of data does not currently include ethnicity.	Infection surveillance methods, tools and analysis does not include ethnicity data.	Include ethnicity data in the collection of surveillance information. 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 audit.

No data to display

End of the report.