

# The Ultimate Care Group Limited - Ultimate Care Rosedale

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## 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 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:

<b>Legal entity:</b>	The Ultimate Care Group Limited
<b>Premises audited:</b>	Ultimate Care Rosedale
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 16 November 2023    End date: 17 November 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	65

# Executive summary of the audit

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

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

### Key to the indicators

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

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

## General overview of the audit

Rosedale Village is part of the Ultimate Care Group Limited. The rest home is certified to provide services for up to 66 residents requiring rest home and hospital level services. Day to day operations are the responsibility of the village manager. There have been management changes since the last audit, with the village manager, clinical coach and clinical nurse manager commencing employment in September 2023.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and the organisations agreement with Te Whatu Ora Waitemata. The audit included interviews with residents/whānau, management, staff and a general practitioner. An off-site document review was completed. 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, the activities programme and the environment.

Four areas requiring improvement were identified. These relate to developing formal partnerships with local iwi, Māori and Pacific organisations and communities, interRAI assessments and the building warrant of fitness.

## 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.

Some subsections applicable to this service partially attained and of low risk.

Services provided are person-centred. The residents confirmed that they were treated with dignity and respect at all times. Cultural and spiritual needs were identified and considered in daily service delivery. Information was communicated in a manner that enabled understanding to residents and family/whānau. Informed consent was obtained at all stages of service delivery.

Staff received orientation pertaining to the Code of Health and Disability Services Consumers' Rights (the Code) and cultural awareness. Professional boundaries were maintained. There was no evidence of abuse, neglect, or discrimination seen or heard during the audit. 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.

Subsections applicable to this service fully attained.

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.

Resident records are well maintained, current, comprehensively documented and secure.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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The model of care provided ensures wholistic resident centred care is provided. Information was provided to potential residents and family/whānau that ensured they were involved in decisions.

Resident assessments informed care plan development. Care plans were implemented with input from the resident and family/whānau and contributed to achieving the resident's goals. Review of the care plans occurred regularly. Other health and disability services were engaged to support the resident as required. The activity programme supported residents to maintain physical, social, and mental health aspirations.

Medicine management reflected best practice, and staff who administered medication were competent to do so. The discharge and /or transfer of residents was safely managed. The general practitioner stated the provision of care met the resident's needs.

Meal services are provided in line with the nutritional needs of the residents. The menu is approved by a registered dietician and there is a current food control plan.

## Te aro ki te tangata me te taiao haumaruru | 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.

Some subsections applicable to this service partially attained and of low risk.

The organisation maintains a safe and appropriate environment. The village is well maintained. The required inspections are completed. The residents personal space is sufficient in size and provides a homely and inclusive environment. There is a range of communal spaces for relaxation, activities and dining. All residents have an accessible ensuite, with additional toilets for staff and visitors. All rooms have external windows or doors. The village is well ventilated and heated.

There are sufficient resources to cover emergency and security situations. There is an approved evacuation plan and trial evacuations are conducted as required. Civil defence supplies were well stocked. The call bell system is monitored. There is a staff member with a current first aid certificate on the roster at all times.

## 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.

Subsections applicable to this service fully attained.

The organisation supported the safety of residents and staff via the infection prevention and antimicrobial stewardship programmes. The programmes were appropriate for the size, complexity, and type of service. The clinical nurse manager was responsible for implementation of the programmes. The infectious diseases/pandemic plan had been tested. Staff were educated in the principles of infection control. A surveillance programme was implemented that captured sufficient data to conduct an analysis. Cleaning and laundry processes are implemented in line with best practice infection prevention and waste management guidelines.

## 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.
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The village is a restraint-free environment with this being 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 accessed should restraint use be required. 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	23	0	4	0	0	0
Criteria	0	164	0	4	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
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>PA Low</p>	<p>Staff receive training in cultural safety during orientation. The organisation has developed a cultural safety module that is provided as part of the mandatory annual education programme. The training defines and explains cultural safety and its importance including Te Tiriti o Waitangi (TOW) and tikanga best practice. Staff demonstrated and explained their commitment towards the principles of Te Tiriti o Waitangi. There was evidence that whānau were paramount and included in all areas of service delivery.</p> <p>The service has access to the Ultimate Care Group (UCG) Māori Health Plan which aligns with legislation and current best practice tikanga guidelines. The plan describes the aims of the UCG to ensure outcomes for Māori are positive and equitable. Strategies include but are not limited to, identifying priority areas for leadership to focus on, increasing the knowledge base across the organisation underpinned by Mātauranga Māori and actively recruiting staff who identify as Māori. The plan outlines the importance of ensuring any resident who identifies as Māori has the opportunity to have whānau involved in their care. There is signage throughout the facility in te reo Māori. There were no Māori residents or staff at the time of the audit. An improvement is required regarding formal partnerships with local iwi</p>

		and Māori organisations.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	PA Low	<p>The Pacific plan outlines the organisations commitment to providing culturally safe care and defines the cultural and spiritual beliefs of Pacific peoples. The policy aligns with Te Mana Ola – The Pacific Health Strategy. The strategy focuses on equity and ensures that a Pacific health and wellbeing workforce is recruited, retained, and trained across the organisation. It was reported that UCG management had developed the plan with support from the Pacific community. The facility manager outlined how this is implemented at Rosedale.</p> <p>There were no residents who identified as Pacific at time of audit, however information gathered during the admission process includes identifying a resident's specific cultural needs, spiritual values, and beliefs. An improvement is required regarding formal partnerships with the Pacific community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed throughout the facility in English and te reo Māori. There were policies and procedures that reflected the requirements of the Code. Staff confirmed they had received training and education on the Code as a part of their orientation, and this was confirmed in education records sighted. Observation during the audit verified that staff provided care in accordance with the Code. Leaflets were on display in the facility that provided information on the Nationwide Health and Disability Advocacy Service.</p> <p>Resident meetings were held that addressed resident rights and provided opportunity for questions and feedback, this was confirmed by residents. Residents and family/whānau advised they were aware of their rights and stated that staff, the clinical nurse manager, and the village manager were approachable and provided opportunities for discussion about any issues. The residents and family/whānau expressed their ability to practice self-determination and to make independent choices. There were no residents who identified as Māori</p>

		at the time of the audit, however there was a Māori Health Plan. The clinical nurse manager stated the plan would be followed to ensure Māori mana Motuhake was acknowledged.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>During the audit residents were observed to be treated with respect and regard for their dignity and privacy. All residents had their own room, other than married couples who shared an apartment. Clinical records sampled confirmed that the resident's values, culture, and religious beliefs were included in their care plan. Family/whānau confirmed that religious and social preferences, values, and personal beliefs were acknowledged and respected.</p> <p>The Māori Health Plan supports tikanga, te reo Māori and enabling the participation of tāngata whaikaha. Staff gave examples of tikanga Māori practices that would be used in the day-to-day care of residents and confirmed that they had received Te Tiriti o Waitangi training.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Policies and procedures are implemented to protect people from abuse, discrimination, and neglect. Staff discussed the aspects of abuse, neglect and institutional racism including the actions they would take should there be any signs of such practice. They also described professional boundaries, and how these were maintained. Residents and family/whānau advised that they had not witnessed abuse or neglect and confirmed that professional boundaries were maintained. They also reported that personal belongings were treated with respect. This was confirmed through observations during the audit. There had been no reported incidents of abuse, neglect or discrimination.</p> <p>The Māori Health Plan promotes a strengths based and holistic model of care for Māori. Although there were no Māori residents at the time of the audit, clinical files of residents confirmed that care was provided using a holistic model and the resident's strengths were focused on.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Communication with residents was verbal, however communication with family/whānau was a mix of verbal and email as appropriate. Residents and family/whānau expressed satisfaction with the communication they received from staff advising it was easy to understand. They confirmed they were updated regarding any changes in the residents health status, incidents, or accidents. This was verified in clinical files sampled.</p> <p>Clinical files demonstrated that the service communicated with other health care providers as required, for example a physiotherapist, wound nurse, general practitioner (GP) and/or nurse practitioner (NP) and Te Whatu Ora Waitemata outpatient services. The clinical nurse manager confirmed that interpreter services could be accessed if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The informed consent process aligns with the Code. Residents and family/whānau confirmed they were provided suitable information and timeframes to enable informed consent for all aspects of their care. Clinical records included signed consent for photographs, collection and storage of health information, and outings.</p> <p>Of the residents' files sampled none had completed an advance directive, however the clinical nurse manager and the GP stated that these would be followed if available. All resident files contained a named enduring power of attorney (EPoA), and some of these had been activated. The clinical nurse manager demonstrated understanding of the legal requirements of an EPoA. The resident's resuscitation status was documented and signed by the GP or nurse practitioner (NP). Competent residents had also signed the form.</p> <p>Although there were no Māori residents during the audit the clinical nurse manager and staff discussed tikanga guidelines and advised this had been a component of their orientation and in-service education. Residents and family/ whānau stated they were given sufficient information and timeframes, in a suitable format to make decisions appropriate to their individual values, beliefs and culture as per tikanga.</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 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. Records sampled confirmed that formal complaints had been comprehensively investigated and closed to the satisfaction of the complainant. The new village manager had ensured that all previous complaints were closed, one of which was used by the UCG for a national study, with the permission of the family/whānau. The family were interviewed during the audit and confirmed their satisfaction with the investigation and outcome. Outcomes from concerns/complaints were shared with staff at quality/staff meetings.</p> <p>Residents 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. Information regarding the National Health and Disability service was displayed, and an independent volunteer advocate frequented the village regularly. Resident/whānau satisfaction surveys 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.</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</p>	<p>FA</p>	<p>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 village manager is aware of the new requirements</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>in these standards and reflecting on how to best implement the standards at the village. 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.</p> <p>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.</p> <p>The village manager commenced in the role in September 2023 and has had 23 years experienced in the aged care sector. The village manager is supported by the recently appointed clinical nurse manager, clinical coach and the regional manager. The clinical nurse manager is being supported and mentored into the role by the clinical coach. Weekly roundup reports to the regional manager were sampled. These include discussions regarding occupancy, outcomes, achievements, risk and the focus for the coming week.</p> <p>The UCG management team has a clinical governance structure in place. There are seven clinical coaches who meet regularly to review clinical indicators of all UCG facilities for monitoring and benchmarking purposes. The Rosedale clinical coach has completed the Ministry of Health Ngā paerewa training.</p> <p>The village provides apartments and a hospital care unit for up to 116 residents in total. Rosedale is certified for 66 beds that includes 32 dual purpose beds in the apartments and 34 hospital beds in the care unit. At the time of the audit, there was a total of 65 rest home/hospital residents. This was made up of 33 hospital level care residents residing in the care unit, 10 hospital level and 11 rest home level residents living in the apartments. These residents have an occupational rights agreement (ORA) and have priority for moving into the care unit if required. All rest home and hospital residents were funded through Te Whatu Ora Waitemata Age-Related Residential Care Agreement (ARRC) agreement. There was one tāngata</p>
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		whaikaha person with a disability under the age of 65 years, funded by Whaihaka - Ministry of Disabled People.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The 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. The current UCG risk register was sighted. Risk levels and mitigation strategies are documented and monitored. Business and fiscal sustainability are closely monitored. The village manager's reflection 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. Clinical indicators include an accepted threshold. The Māori Health Plan provides guidance regarding the provision of high quality health care for Māori.</p> <p>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. Clinical audits are currently completed by the clinical coach with evidence of stratified sampling. Corrective action plans are documented when required, with evidence of closure. Records of staff/quality/resident meetings confirmed that quality data and corrective action plans are discussed and communicated.</p> <p>Rosedale has their own definitions for allocating severity assessment codes (SAC) following an adverse event, with intent to align the codes with the National Adverse Event Reporting Policy prior to June 2024. All incidents are reported and collated through the national UCG system to enable monitoring and trend analysis. Reflection reports include the number of falls, infection surveillance data, number of wounds, resident weight loss, polypharmacy, pressure injuries, medication errors and the number of prescribed antipsychotics. The process for managing adverse events mitigates the likelihood of repeat events occurring and supports learning and improvement</p>

		<p>opportunities.</p> <p>There were 36 unwitnessed falls reported for September 2023 with the majority of these occurring in the apartments for residents who have been identified as frequent fallers. The clinical coach supports the clinical nurse manager in conducting a critical analysis of all events including time and location to ensure all residents are receiving safe and efficient services. Any clinical risks were documented within the residents individual support plans.</p> <p>The village 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 pressure injuries and the recent changes in management.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Rosedale currently employs 49 care givers, 25 of whom are shift leaders. There are five registered nurses (inclusive of the clinical coach and clinical nurse manager), eight designated domestic staff, eight kitchen staff, administration staff, one diversional therapists, two activities coordinator and a maintenance person. The village manager is on site Monday to Thursday. The clinical coach and clinical nurse manager are on site Monday to Friday. All members of the management team share on call duties as appropriate. An administrator/receptionist is on site seven days a week. Three of the registered nurses are interRAI competent. The village manager has been successful in recruiting another five registered nurse who will commence employment in mid-December. In the meantime, nights shifts are predominantly being staffed by bureau registered nurses.</p> <p>Allocating care giving staff to the roster is the responsibility of the clinical nurse manager. There is a registered nurse on duty 24 hours per day/seven days per week. There are eight care givers rostered to the care unit in the mornings, and five in the village. This includes two staff who are competent in medication administration. Staff numbers are slightly decreased in the afternoon with seven care givers in the care unit, two of whom are medication competent, three staff completing a long shift and two completing a short shift in the village.</p>

		<p>During the night there is one medication competent care giver, two in the care unit, one for the village and one staff member who can float and go wherever needed. There is a team leader on each shift. The clinical nurse manager stated that staff are required to check on all ARRC residents throughout the village every hour and that staff area allocated to the place of need. Rosters sampled confirmed that replacement staff are provided in the event of an unplanned absence and that the allocation of staff considered the lay-out of the village.</p> <p>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. There are 24 level four trained care givers who are designated shift leaders. The clinical nurse 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.</p> <p>Inservice education includes a wide range of relevant topics to the sector. The annual training plan is developed by management across all UCG facilities. Staff are required to attend 85% of training. Cultural safety training was last provided in November 2023. The UCG power point presentation and staff questionnaire includes the principles of Te Tiriti o Waitangi, partnership, protection and participation. In-service education encourages the sharing of high-quality Māori health information. Management at Rosedale have developed an additional in-service training regarding the multi-cultural environment. The training includes equity. Residents/family/whanau are welcome to attend in-service training.</p> <p>Staff, residents and family/whānau noted the improvements that had occurred since the village manager commenced employment. It was mentioned that services were being provided consistently, and that the village provided a positive work environment.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Policies and procedures are current, define good employment practice and meet the requirements of legislation. Current position descriptions</p>

<p>values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>were sighted in staff files sampled. These include authorities and responsibilities for each position. Professional qualifications are validated. Staff records sampled confirmed evidence of annual practicing certificates for the registered nurses and copies of Health and Wellbeing certificates for the healthcare assistants. Attendance certificates were sighted for the health and safety representative, food handling training for kitchen staff and chemical safety training for domestic staff. The village also maintained copies of practicing certificates for visiting allied health providers. For example, the general practitioner, nurse practitioner, physiotherapist and pharmacist.</p> <p>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. Bureau staff are also provided with an orientation pack. Formal performance reviews are completed annually. Records of reviews were sighted. The village manager, clinical coach and clinical manager are on site during weekdays so also monitor staff performance on a day-to-day basis. Staff confirmed they are provided with the opportunity to debrief following adverse events and kept aware of event outcomes and learnings.</p> <p>Staff files are accurate, current, and maintained in a secure manner. Staff ethnicity data is gathered and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident records are maintained securely within the electronic client management system. The system is cloud based and backed up daily. All computers are password protected. Records can be accessed off site ensuring business continuity. All entries into the records include the date, time and designation of the writer. Entries are made on each shift and more often if required. Resident records sighted were current, accurate and integrated. Hardcopy archived records are stored in a designated room on site. These are well maintained, safe, protected and easily traceable. The UCG is not responsible for national health index registration.</p>

<p><b>Subsection 3.1: Entry and declining entry</b></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>Information about the service was available in printed format from the village reception, and from the Ultimate Care website. The Needs Assessment Service Coordination agency (NASC) also held information about the services provided.</p> <p>A documented policy outlined the entry process. The clinical nurse manager and village manager worked in collaboration to co-ordinate the entry process with the resident and family/whānau. Residents admitted to the service required a NASC assessment and referral prior to admission. Confirmation of this process was confirmed in all clinical records sampled.</p> <p>A policy detailed the management for declining a potential resident and documented that a person was not declined unless the care requirements were outside the scope of the service, or no bed was available. If no bed was available, a resident enquiry form was kept. This held relevant information, including the potential resident's ethnicity. The village offered the potential resident a bed/apartment when one became available. Potential residents and their family/whānau were kept updated regarding bed availability by the clinical nurse manager or village manager. Family /whānau confirmed this process occurred, and that the admission process was straightforward and respectful. Residents expressed satisfaction with the admission process and confirmed they were treated with dignity and respect.</p> <p>Although the Māori Health Plan described the organisation's commitment to improving outcomes for Māori, there were no partnerships with local Māori agencies or Māori health practitioners (refer to 1.1.5).</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></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</p>	<p>PA Low</p>	<p>Residents had individualised support provided that met their physical, cultural, spiritual, and social dimensions of their wellbeing. The documented assessments demonstrated that the resident's holistic wellbeing was considered and included, for example skin integrity, pain, falls risk, sleep patterns and behaviour. All interRAI</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>assessments and resultant long-term care plans were current at the time of the audit, however an improvement is required regarding the admission interRAI.</p> <p>Electronic clinical records verified that a registered nurse had completed the assessments and developed an individualised care-plan for all residents. Clinical files confirmed that interRAI reviews had been completed at least six monthly. Care-plans documented interventions to maintain and improve the residents' health and wellbeing as reflected in the interRAI report. Progress notes, observations during the audit and interview with the resident's and their family/whānau confirmed that assessments and care-plans had been developed in collaboration with the resident/family. Short term care plans were developed for acute conditions for example an infection or skin tear. These were updated as appropriate and signed off when the condition had resolved.</p> <p>Clinical records were integrated including, for example, correspondence from community health providers, interRAI reports, the admission agreement, consent forms and a copy of the enduring power of attorney (EPoA). A physiotherapist attended the service regularly and assessed new residents, reviewed residents six monthly, and/or on the request of nursing staff, or when a change in the resident's mobility had been observed.</p> <p>Progress notes documented the resident's daily activities and any observed changes in health status or behaviour. The clinical nurse manager, registered nurse and staff stated that changes in a resident's behaviour were considered an early warning sign of a residents change in health status. Monthly vital signs and the weight of residents were documented. Where progress was different to that expected, or the resident had displayed signs or symptoms of illness, vital signs were documented, and further assessments were performed as appropriate. A registered nurse developed a short-term care-plan and the general practitioner (GP), or nurse practitioner (NP) were notified in a timely manner. This was confirmed in interview with the GP.</p> <p>Medical oversight of the residents was provided by a GP/NP partnership. The village received two visits per week, the GP visited one day per week, and the NP visited one day a week. The</p>
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	<p>partnership provided a seven day/week twenty-four hour on call service.</p> <p>The GP was interviewed and confirmed that residents were seen and assessed at least every three months. If the resident's condition changed between times the clinical nurse manager or a registered nurse notified the GP/NP and a medical review was provided. The GP stated that the residents received effective and responsive care that was provided in a manner which maintained their dignity and cultural needs. The GP also advised that residents were often seen more frequently than three months, and this enabled early diagnosis and treatment of health issues. It was stated that this action reduced the incidence of complications to the residents' health status and avoided multiple referrals to the public hospital.</p> <p>Shift handovers were provided to staff via the electronic clinical record, which detailed the resident's demographic and medical details, and included recent progress notes. Staff going off duty entered relevant and pertinent information to update the oncoming staff. A copy of the handover report was observed to contain suitable information to ensure staff were enabled to provide appropriate and consistent care to each resident. This was confirmed by staff.</p> <p>Although there were no Māori residents receiving care in the village at the time of the audit, the clinical nurse manager described the care plan that would be implemented when a person identifying as Māori was admitted. The care plan described, reflected te whare tapa whā model of care. The clinical coach advised that the UCG had engaged with Māori and tāngata whaikaha to support service development. Residents and family/whānau confirmed that they were included in the development of care plans, and their values, beliefs and cultural needs were respected.</p> <p>The required medical supplies were available. There were two wound care trolleys available. Adequate supplies of wound care products were sighted. Wound care plans sampled confirmed that they were assessed in a timely manner and reviewed at appropriate intervals. Photos of wound healing were available in the clinical record. One of the plans sampled had had input from a wound care nurse. A large supply of continence products was sighted. Staff described the process of ensuring residents received sufficient supply to meet their</p>
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		<p>requirements. The village manager had conducted additional training for staff on continence and the availability of products. Short term care plans described the regime for changing urinary catheter bags, which aligned with current best practice. Additional medical supplies such as syringe driver equipment was available, well maintained, functional.</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>One diversional therapist was employed, and two activities co-ordinators. The diversional therapist delivered the programme to the rest-home residents and an activities co-ordinator delivered the programme to the hospital residents. The second activities co-ordinator worked four days per week in the mornings only and assisted with transporting residents on outings, and other tasks required to ensure both programmes operated with safety and for the enjoyment for the residents.</p> <p>The activities weekly programme for the hospital and rest-home was sighted on display throughout the facility. In addition, residents advised they were aware of the contents of the programme because it was delivered directly to their room with meals. The activities staff were interviewed and discussed the programme, which included a wide range of activities suitable for the residents. The activities programme promoted physical, social, cultural and intellectual skills for the residents. Outings to the community occurred regularly for morning teas, shopping, and community activities as available. Family/whānau also took residents into the community to attend celebrations and events.</p> <p>Implementation of the programme was observed during the audit and residents were seen to be engaged and having fun. Individual activities were available; for example, puzzles, colouring in, hand massages and reading.</p> <p>Clinical files sampled confirmed that assessments of the resident's life skills and experiences were considered in the development of the activities care-plan. There was evidence that family/whānau had been engaged in the assessment and planning of the activities care plan. Residents and family/whānau confirmed satisfaction with the programme and stated it enhanced well-being.</p>

		<p>Although Māori celebrations and activities were woven into the programme for example te reo Māori word quizzes and songs, the village was yet to establish a community connection to enable full opportunities for Māori to participate in te ao Māori (refer to 1.1.5).</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>The medication management system reflected current recommended best practice. An electronic programme was used for the prescribing and recording of the administration of medication. Medications were dispensed by the pharmacy using a pre-packaged system. The pharmacy delivered and disposed of unwanted medications as required. A medication competent staff member checked the medications prior to them being placed in the medication trolleys. Medication administration was performed by registered nurses and/or level four health care assistants who had completed the medication competency programme. A medication round was observed, and staff demonstrated competency administering medication. Eye drops, ointments and creams had a documented opening date. During the audit no medications were observed to be out of date. All medication prescriptions were completed as per regulations, including the documentation of allergies and sensitivities. The GP/NP had reviewed the medication chart every three months or more frequently as required. Standing orders were not used in this service.</p> <p>Over the counter medications (OTC) were discussed with the resident and family by the GP/NP. Any OTC medications had been prescribed and were administered by staff. This was confirmed by observation and in medication files sampled.</p> <p>There were three medication trolleys. One was for the hospital residents on the upper level, the second was for the hospital residents of the ground floor, and the third was for the village residents. All trolleys were locked and stored in a secure, staff only, locked area. All other medications were stored in one secure location. Controlled medications were stored appropriately and documentation of these reflected legislative requirements. The medication rooms and fridge were temperature monitored. Stock medications were sighted and included medications that may be prescribed by a GP/NP outside of normal business hours when timely access to the pharmacy may not</p>

		<p>be available, for example antibiotics. A register of stock medication was maintained.</p> <p>There were no residents self-administering medication during the audit. The medication policy documented a process that ensured, that should a resident wish to self-administer, a safe process would be implemented. The process was discussed by the clinical nurse manager. Residents were supported to understand and access their medications, as confirmed by residents and their family/whānau. It was reported that support, advice and treatment for those who identified as Māori would be sought from the local community when required, once formal links have been made (refer area of improvement in standard 1.1 regarding making formal links with the Māori community).</p> <p>The incident register confirmed that medication incidents were uncommon. When an incident did occur the clinical nurse manager reviewed the factors that contributed to the incident and implemented a corrective action. The GP stated that the medication system and processes were safe and appropriate to the service</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>All meals are prepared on site. Seasonal menus are the same for all UCG facilities and have been signed off by a registered dietician. There are two qualified chefs, two other cooks and four kitchen hands. All kitchen staff have food safety certificates and have completed chemical training.</p> <p>Meals are provided for all rest home and hospital residents. The remaining village residents have the option to order a meal. Daily menus are displayed the delivered to all apartments. There are three dining areas. One on both floors of the care unit and a large dining room in the village area which can accommodate all villagers. Meals are transported in bain maries to each of the dining rooms. The temperature of meals is taken prior to leaving the kitchen and on serving. There were sufficient staff available during meals times to support any residents who required additional support.</p> <p>Nutritional assessments are completed on entry. These include likes, dislikes, allergies, intolerances, and cultural preferences. A current</p>

		<p>copy of nutritional assessments was available in the kitchen and the cook was well versed in the dietary needs of all the residents. Kitchen staff, residents and family/whānau confirmed the availability of an alternative menu if requested. The alternatives available area included on the daily menus which are distributed to all residents. Some family/whānau members stated they sometimes provide alternative meals if the resident asks them to. Independently able residents in the village are also able to prepare their own meals.</p> <p>The current food control plan expires in June 2024. The kitchen is clean and well maintained with records of cleaning schedules, temperature monitoring and internal audits sighted. All food supplies for stored appropriately. Stock rotation was conducted for all food stored in the pantry. The date and time stored food was opened was recorded and displayed.</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>The transfer and discharge policy provided clear details regarding the transfer and discharge of residents in a safe and timely manner. The clinical nurse manager described the policy.</p> <p>Where a residents health status and care requirements were observed to be changing an InterRAI assessment was completed. The residents ongoing care requirements were discussed with the NP/GP and family/whānau. The interRAI assessment was provided to the NASC who updated the residents level of care requirements as required. If possible ongoing care continued to be delivered without shifting the resident to another room or wing within the village. Residents and family/whānau confirmed this process.</p> <p>Acute transfers to the public hospital occurred when there was a sudden change in a resident's health status and the registered nurse and/or the GP/NP determined the resident required specialised care. The national 'yellow envelope' system was used. In the envelope was included a hospital transfer letter which was generated by the electronic clinical record system. The letter included all relevant information and the last three entries of the progress notes. The resident's medication record was also printed and included in the envelope. Family confirmed they were notified of the resident's need</p>

		<p>to transfer to the hospital.</p> <p>Residents and family/whānau were provided information about other health and disability services when indicated or requested. This was confirmed by family. The clinical nurse manager advised that information would be provided about kaupapa Māori agencies if required.</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>	PA Low	<p>The village provides a safe and appropriate environment. 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. Call bell audits are routinely conducted. Internal temperatures are maintained to ensure a consistent temperature throughout the seasons. Hot water temps are monitored. The UCG risk register includes all identified hazards and contractors are required to read the health and safety requirements on entry.</p> <p>The village had three floor levels. Steps and lifts were used to gain access between floors. There was a chair slide in a staircase between the upper and lower hospital floor. Outdoor areas were able to be accessed from all areas except the upper hospital level wing. All bedrooms and apartments are sufficient in size to accommodate personal belongings, mobility equipment and have an external window. All residents have access to an accessible toilet/bathroom. There are sufficient accessible toilets for staff and visitors.</p> <p>It was reported that there were no plans on rebuild or new design of the village, however the UCG has sufficient processes to ensure any new plans would include consultation and co-design.</p> <p>An improvement is required regarding the building warrant of fitness.</p>
Subsection 4.2: Security of people and workforce	FA	The UCG has a wide range of policies and procedures for the

<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>management of emergencies. Emergency procedures are included in staff orientation and on entry for all residents and family/whānau.</p> <p>The approved emergency evacuation plan was dated 2014. These have been no structural changes in the village since then. The village is divided into fire cells and evacuation plans are displayed throughout the village and on the back of each front door in the apartments. Emergency evacuation drills are conducted every six months as required. The village manager has arranged for additional training following the last evacuation drill due to an unsatisfactory response rate.</p> <p>All rooms in the care unit and all apartments have access to call bells. These are located next to the bed and in the bathroom/ensuite. Residents also have access to emergency pendants. Residents, family/whānau interviewed reported that the availability of staff to answer call bells and attend to their needs has improved recently. This was verified in records of call bell activation reports which demonstrated a vast improvement.</p> <p>There are 20 staff with a current first aid certificate. The remaining staff have been scheduled to attend the training. Rosters confirmed there is a staff member with a current first aid certificate on each shift.</p> <p>The village is secure. Security systems are routinely checked, and a security firm conducts routine visits during the night. A security logbook is maintained. Staff ensure that all windows and doors are secure at the end of each day, with the main entrance being secured around 8pm. All staff are easily identifiable with uniforms and name badges in use.</p> <p>There are sufficient supplies in the event of a civil defence emergency or the main supplies failing. Two well stocked civil defence kits were sighted and easily accessible. Torches, extra blankets, food essentials and a sufficient supply of stored water were also sighted. The village has emergency lighting and gas bottles for cooking purposes.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent</p>	<p>FA</p>	<p>The organisation's executive demonstrated that infection prevention (IP) and antimicrobial stewardship (AMS) was integral to delivering a</p>

<p>leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>safe and high-quality service by purchasing an infection control programme from a specialist provider. The clinical nurse manager discussed the ongoing support provided that had been, and will continue to be, provided to the organisation as required, by the specialist provider. The clinical nurse manager collated a monthly infection report which was reported to the executive leadership team. Infection prevention events were notified immediately to the national clinical services manager. Policies and procedures directed the management of the event using a stepwise approach and a multidisciplinary team approach was initiated, for example the general practitioner or/and the nurse practitioner, the clinical coach, regional manager, and infectious diseases team were involved as appropriate.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The IP programme implemented was suitable for the size and scope of the service provided. The programme was co-ordinated by the clinical nurse manager. The clinical nurse manager held a specific position description called the infection control co-ordinator (ICC) for this component of their employment. Relevant training had been completed and ongoing infection control training was also planned. The clinical nurse manager held the responsibility for decision making including overseeing, implementing, monitoring, and reporting of the IP programme, in liaison with the clinical coach. The clinical nurse manager had access to the clinical records and diagnostic results of residents. The clinical nurse manager's line of reporting was to the village manager and the national clinical services manager, who was a member of the executive team. Procurement, building modifications, and other relevant policies and procedures were implemented following consultation with the clinical nurse manager (ICC), the village manager and the national clinical services manager.</p> <p>The IP programme, policies and procedures met requirements of this standard and reflected best practice. The programme had been reviewed annually, and monthly reports were provided to the executive team. Infection control was discussed at monthly staff and quality meetings. This was confirmed by staff and evident in meeting minutes. Policies and procedures were available for all staff to access. Staff confirmed knowledge of these policies and discussed how they</p>

		<p>accessed them.</p> <p>A current pandemic/infectious diseases response plan was documented and had been regularly tested. Sufficient supplies of infection prevention resources and personal protective equipment (PPE) were available. Hand basins and hand sanitisers were readily available throughout the service. Signage pertaining to hand hygiene was sighted during the audit.</p> <p>Annual organisational infection prevention education was provided to all staff, verified by education records sighted and staff interviews. In addition, education was provided at staff meetings. The clinical nurse manager had completed additional IP education delivered by an IP practitioner.</p> <p>Single use devices were not reused. This was verified during staff interviews and by observation during the audit. Reusable shared equipment for example sphygmomanometers, thermometers, and dressing scissors were decontaminated appropriately as per policy and the manufacturers recommendations. Appropriate materials for this process were observed during the audit, and staff discussed the procedure. Bedpans and urinals were sanitised after each use. Hoist slings were shared between residents. This was described as consistent practice across all UCG facilities.</p> <p>The IP programme had a section relating to Māori cultural values. The section reflected the spirit of Te Tiriti O Waitangi and provided guidance to staff to ensure culturally safe practice. Staff interviewed confirmed they were aware of the policy, and provided examples of how culturally safe practices were implemented. The clinical nurse manager described how information would be provided to Māori in a culturally appropriate manner, for example including whānau, and obtaining written information accessible via the Ministry of Health website.</p> <p>Residents and family/whānau confirmed that infection control issues and precautions had been discussed with them by staff, the NP and/or the GP.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There was an implemented antimicrobial policy that was appropriate to the size scope and complexity of the service. The policy had been approved by the organisation and was a component of the IP programme.</p> <p>Monthly reports were sighted that reported the number and type of infections, with an analysis that included the antibiotic course prescribed, and the causative organism identified by laboratory report where appropriate. The reports were reviewed by the clinical nurse manager and the national clinical services manager and the GP, to identify trends, or/and opportunities to reduce antimicrobial prescribing. The GP confirmed antibiotic prescribing occurred as per best practice guidelines sourced from Best Practice Advocacy Centre New Zealand (BPAC), and laboratory services. Clinical staff had access to laboratory reports.</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>Surveillance of health care-associated infections was appropriate to the size and type of service. The surveillance programme was documented, and standard definitions were used relating to the type of infection acquired.</p> <p>Monthly surveillance data was collected and reported to the executive team, including ethnicity data. Trends and opportunities to improve were considered by the clinical nurse manager, and the national clinical services manager. There were no trends identified in infection prevention documents sampled. The reports were discussed at staff meetings, and this was verified by staff. The GP stated the service cared for residents in a manner that reduced the rate of infection, for example early recognition and referral for possible infection.</p> <p>Residents who developed an infection were informed and family/whānau were advised. The process was culturally appropriate, confirmed by residents and family. The village had had no recent infection outbreaks. There had been one resident positive to COVID-19 two weeks before the audit, and who had since recovered. It was reported that COVID-19 did not spread to any other residents within the village due to following the UCG pandemic plan and current</p>

		Ministry of Health guidelines.
<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>	FA	<p>The village implements UCG waste and hazardous management policies which comply with legislative and local council requirements. Policies include the requirements of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste. Yellow sharps containers were located in clinical areas visited.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places, such as the laundry and the sluice room. Staff complete a chemical safety module on orientation and all domestic staff have attended additional chemical safety training. In-service education in waste management and infection control is mandatory training for all staff. Interviews and observations confirmed that there is sufficient PPE and equipment provided, such as aprons, gloves, and masks. Observations confirmed that PPE was used as required.</p> <p>Laundry and cleaning services are provided seven days a week. Rosters confirmed that cleaning and laundry duties are scheduled part time each day, with designated domestic staff. Visual inspection of the laundry confirmed implementation of a clean/dirty process for the hygienic washing, drying, and handling of personal clothes and linen. The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. Laundry personnel demonstrated knowledge of the process to handle and wash infectious items when required. Laundry audits are completed. Clean linen is stored appropriately in hall cupboards with linen trolleys covered when in use. Residents' clothing is labelled and personally delivered from the laundry, as observed. Residents and family/whānau confirmed satisfaction with laundry services. This was also confirmed in satisfaction surveys.</p> <p>Cleaning duties and procedures are scheduled to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated secure areas for the safe and hygienic storage of cleaning</p>

		<p>equipment and chemicals. Domestic staff were aware of the requirement to keep their cleaning trolleys in sight. Chemicals were appropriately labelled.</p> <p>The clinical nurse manager has oversight of the village testing and monitoring of the built environment.</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>Rosedale Village is committed to a restraint-free environment. There were robust strategies in place to eliminate restraint use. Management and 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.</p> <p>There were no restraint interventions in place on the days of the audit. Staff and the clinical nurse manager (restraint coordinator) confidently discussed the alternatives to restraint use. In-service education confirmed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. All staff have also received education on the management of challenging behaviour.</p> <p>In the event a restraint is consider the most safe and appropriate action, the UCG has sufficiently documented policies and monitoring processes.</p>

## Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p>	PA Low	There is Māori representation on the UCG board. The UCG Māori Health Plan aligns with Pae Tū – Hauora Māori Strategy and was developed with input from the Māori community, however Rosedale is yet to establish partnerships with local iwi and Māori organisations.	There is currently no partnerships with local iwi or Māori organisations.	<p>Develop partnerships with local iwi and Māori organisations.</p> <p>365 days</p>
<p>Criterion 1.2.5</p> <p>My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific</p>	PA Low	There are some Pacific staff who are available to provide support and advice regarding Pacific models of care if needed, however the village manager outlined that partnerships with the local Pacific community were yet to be developed.	Formal partnerships with the local Pacific community and organisations were yet to be developed.	<p>Develop partnerships with the local Pacific community.</p> <p>365 days</p>

peoples to improve outcomes.				
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	Not all residents had their interRAI assessments and care-plans completed within the required timeframes following admission as per the Age-Related Residential Care Agreement.	Admission interRAI assessments and care-plans were not completed in a timely manner.	<p>Provide evidence that admission interRAI assessments and care-plans are developed within the required timeframe.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	The building warrant of fitness (BWOFF) expired 12 October 2023. The emergency warning system requires a new mimic panel in order to meet current council standards. However, the current mimic panel is still operational and in good working order. The quotation process for a new panel is in progress. The BWOFF report and declaration was provided to the auditor and confirmed the functionality of the current panel. All other areas in the specified system report were met and the report is currently with the UCG head office and the council.	The building warrant of fitness expired 12 October 2023.	<p>Provide evidence of the new building warrant of fitness.</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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 audit.

No data to display
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End of the report.