# The Ultimate Care Group Limited - Ultimate Care Rose Court

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** The Ultimate Care Group Limited

**Premises audited:** Ultimate Care Rose Court

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 24 May 2024 End date: 24 May 2024

**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:** 49

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

## General overview of the audit

Ultimate Care Rose Court is part of Ultimate Care Group Limited. It is certified to provide services for up to 75 residents requiring hospital (geriatric and medical) level care and rest home level care. The facility manager had been appointed since the last audit. There had been no other significant changes to services, or the facility since the last audit.

This surveillance audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS8134:2021 and the organisation’s agreement with Health New Zealand - Te Whatu Ora.

The audit process included review of policies and procedures, review of resident and staff records, observation of service delivery, and interviews with residents, whānau, management, staff, and a general practitioner.

Areas identified as requiring improvement relate to health care and support workers, performance appraisals, and buildings, plant, and equipment.

## 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 are fully attained. |

The Māori health action plan recognised the principles of Te Tiriti o Waitangi and described how Ultimate Care Group responded to Māori cultural needs in relation to self-determination, independence, and autonomy. Processes supported staff to deliver culturally safe care. Pacific health plan was aligned with Ola Manuia to ensure understanding of Pacific world views, cultural and spiritual beliefs.

Resident rights were respected and upheld in line with the Health and Disability Commission Code of Health and Disability Services Consumers’ Rights. Residents received services in a manner that respected their individuality and upheld their right to dignity, privacy and independence.

Staff understood their obligation to report any suspected abuse or neglect.

Complaints were managed in line with Right 10 of the Code of Health and Disability Service Consumers Rights.

## 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 are partially attained and of low risk. |

Ultimate Care Rose Court is part of the Ultimate Care Group Limited who provide governance and management oversight to the facility. The governance and the management team were aware of their responsibilities to ensure on-going compliance and their obligation to and understood their responsibilities to Te Tiriti o Waitangi. There were systems and processes in place to monitor and ensure compliance with legislative, contractual, and regulatory requirements.

The organisation’s mission statement was documented and displayed. The service had a current business and a quality and risk management plan. Strategic goals were defined and monitored. Quality and risk management systems were in place. The business plan identified resident centred key outputs and outcomes. Systems were in place to monitor performance against these, including benchmarking with other facilities across UCG. A facility manager ensured the management of the facility and a clinical services manager oversaw the clinical and care services. Meetings were held that included reporting on various clinical indicators, quality and risk issues, and the review of identified trends.

Rostering systems were in place to ensure staffing levels were maintained at a safe level. Staff complete orientated to the essential components of service delivery and maintained the required competencies.

Recruitment processes included the validation of professional qualifications. New staff completed a role appropriate orientation and were buddied with an experienced staff member until confident.

## 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 are fully attained. |

The service worked in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents were reviewed medically three monthly, and nursing assessments were completed six monthly and/or as needed. Changes were updated to the care plans.

Medicines were stored and administered by staff who were competent to do so.

The nutritional service was provided on site and special needs were catered for. Food was safely managed, and a current food safety plan was in place. Residents verified satisfaction with the meals provided.

## 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. |  | Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk. |

Equipment was fit for purpose. A preventative and reactive maintenance schedule was implemented. Areas were provided throughout the facility that enabled residents to meet with visitors in private and participate in cultural activities.

## 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 are fully attained. |

Reports on infection prevention were provided to head office and the governance board. An infection prevention and control coordinator oversaw the infection prevention programme.

Surveillance of health care-associated infections was undertaken, and results were shared with staff. Follow-up action was taken as and when required. Infection outbreaks reported since the previous audit were managed effectively.

## 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. |

Policies and procedures were in place that verified promotion of eliminating restraint use. At the time of the audit no restraints were in use. Training was provided for all staff on de-escalation techniques and managing challenging behaviour. Annual reviews occurred, and the clinical services manager was the restraint coordinator who oversaw the restraint elimination programme. No restraint had been used for three years.

## 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 | 16 | 0 | 2 | 1 | 0 | 0 |
| **Criteria** | 0 | 47 | 0 | 2 | 1 | 0 | 0 |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **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 | The organisation had a Māori health action plan that recognised the principles of Te Tiriti o Waitangi and described how Ultimate Care Group (UCG) responded to Māori cultural needs in relation to self-determination, independence and autonomy.  Staff interviews and review of education records identified that staff received training in Te Tiriti o Waitangi and cultural safety at orientation and as part of the mandatory annual education programme. Staff described how cultural safety and tikanga best practice were upheld in the provision of care. There was signage throughout the facility in te reo Māori and the facility celebrated key anniversaries such as Matariki and Waitangi Day. Residents who identified as Māori visited a local marae each fortnight. Residents stated they were involved in decision making, and care was respectful of their cultural needs. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve 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. | FA | The Pacific People’s Health Plan 2023/2024 was aligned to Ola Manuia the Pacific Health and Wellbeing Action Plan 2020-2025. It outlined the organisation’s commitment to the principles of Ola Manuia and how staff would work with Pacific residents and their families to understand their world views and provide culturally safe care. This plan was supported by the cultural safety policy. Cultural and spiritual beliefs were documented for all residents. There were no residents who identified as Pacific peoples, however a small number of staff identified as Pacific peoples. |
| 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 interviews and review of education records identified that staff received training in the Code of Health and Disability Services Consumers’ Rights (the Code) at orientation and as part of the mandatory annual education programme. Staff described how the Code was upheld in care provision including seeking consent for cares and respecting privacy. Residents and their family/whānau were provided written information about the Code on admission. The Code, in English and te reo Māori, was displayed throughout the facility. Residents and their family/whānau stated that residents’ rights were upheld by staff. |
| 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 | The abuse and neglect policy defined abuse and provided guidelines for staff in managing and reporting abuse and neglect. Staff interviews and education records identified that staff received training in abuse and neglect. Staff stated that they understood their obligation to report any suspected abuse. Staff, resident, and family/whānau interviews stated that there was no evidence of abuse or neglect.  The admission agreement outlined for residents and family/whānau the organisation’s expectations regarding the management personal property and finances. Residents and/or family/whānau provided consent for the administrator to manage residents comfort funds. The facility’s management of the resident’s comfort fund was monitored by Ultimate Care Group. Resident and family/whānau stated that residents’ property and possessions were treated with respected.  Staff interviews and education records identified that staff received training in professionalism and the code of conduct at orientation. Staff files reviewed showed that staff signed a code of conduct agreement on employment. Residents and family/whānau stated that staff maintained professional boundaries.  There were no instances of abuse reported in interviews or identified in the complaints reviewed. |
| 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 | There was an informed consent policy that was in line with the Code of Health and Disability Service Consumers Rights (the Code). It included ensuring that a resident who had capacity/competence to consent to treatment or a procedure had been given sufficient information to enable them to arrive at a reasoned and voluntary decision. The policy provided guidance for staff on how to assist residents to make informed choices and give informed consent. Staff stated that informed consent was sought in line with policy. All resident records sampled had multifaceted signed consents. |
| 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 | There was a complaints policy and process that was in line with Right 10 of the Code. Residents and family/whānau were provided with the complaints process on admission. The complaint process and forms were available throughout the facility and on the website. Residents and family/whānau stated that they were aware of how to make a complaint and would feel comfortable in doing so.  There had been six complaints logged over the 2023/2024 period to date. Interview with facility manager (FM) and review of complaints showed that complaints had been investigated and managed in accordance with the Code. Complaint records included evidence that the complainant had been informed of the outcome of the investigation.  Advocacy and support for Māori residents throughout the complaint process, could be accessed through linkages with local Māori providers and the marae.  It was reported that there had been no complaints to external agencies since the last audit. |
| 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 | Ultimate Care Rose Court is part of Ultimate Care Group (UCG). Governance of Rose Lodge is provided by UCG and the UCG executive management team provided direction to Rose Court and monitored organisational performance against the business plan and strategic goals. There were systems and processes in place to monitor and ensure compliance with legislative, contractual, and regulatory requirements. The national relationships manager advised that the core competencies that executive management team were required to demonstrate included understanding the organisation’s obligations under Te Tiriti o Waitangi, health equity, and cultural safety.  The UCG mission and values were displayed in the facility. The business plan identified resident centred key outputs and outcomes. The annual strategic, business plan, has key outcomes which are resident centred, such as resident satisfaction, health and safety, complaints, education, and fiscal stability. These are monitored at board meetings. Systems were in place to monitor performance against these, including benchmarking with other facilities across UCG.  The Māori Health Plan described the organisation’s focus on reducing barriers to equitable access to service delivery. It included engaging residents and family/whānau in care delivery and continue to develop and strengthen the education programme in relation to cultural safety.  The UCG executive management team had a clinical governance structure in place that was appropriate to the size and complexity of the organisation. The clinical operations group (COG) reported to the board monthly on key aspects of service delivery. The COG monitored and benchmarked clinical indicators across all UCG facilities.  The facility is certified to provide care for up to 75 residents requiring hospital (geriatric and medical), and rest home level care with 54 beds being dual purpose. At the time of audit there were 49 residents, of these there were 24 who were receiving hospital level care and 25 receiving rest home level care. Included in these numbers were five residents with occupational rights agreements (ORA) in the studio/apartments, who had been assessed as requiring rest home level care. |
| 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 | There was an organisation wide quality and risk management system in place, that included a quality and risk management plan. The plan was reviewed annually and approved by the management team. The plan identified internal and external organisational risks, the assessed level of risk and mitigation strategies. Key business plan outcomes were monitored including but not limited to health and safety, complaints, and fiscal stability.  A range of quality activities were undertaken including resident surveys, annual schedule of internal audits, review and analysis of adverse events including falls and medication errors, analysis of complaints and surveillance of infections. Where required, areas of non-compliance included a documented and implemented corrective action plan with sign off when completed. Identified trends were monitored and raised for discussion within the quality meetings. The monthly FM’s reflective report included a range of quality and clinical data such as falls, infections, wounds, weight loss, polypharmacy and medication errors that were benchmarked against other UCG facilities. The management team provided feedback on overall performance and this plus data from other quality activities was shared with staff, as evidenced in meeting minutes.  Rose Court followed the UCG National Adverse Event Reporting policy for internal and external reporting. All incidents and adverse events were captured and reported through the national UCG system. The FM was aware of situations which required the organisation to notify statutory authorities. These were processed through head office. A section 31 notification was confirmed as being completed for the appointment of the FM in December 2023 and recently the clinical services manager (CSM). |
| 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 | The staffing policy provided the rationale for staff rostering and skill mix and included a facility managers’ roster allocation tool, to ensure safe staffing levels were maintained. Interviews with staff, residents, and family/whānau, plus review of the facility’s rosters evidenced that all shifts were covered by a registered nurse (RN). In addition to the RN there were eight care givers on duty each morning shift, seven in the afternoon shift and two on the night shift. Rosters sampled identified that staff were replaced in the event of staff absence. The FM worked 40 hours per week and was available after hours for operational issues. The CSM worked 40 hours per week and shared an on-call roster with other RNs providing after hours clinical support. There were dedicated laundry and cleaning staff seven days a week.  Staff records sampled evidenced that staff had completed the required competencies for their role such as medication administration, manual handling, hoists, and infection prevention. There was an implemented annual training programme relevant to the needs of the residents. A data base was maintained that tracked completion of mandatory tr training. Staff confirmed they were supported to upskill and maintain competency. However not all required checks had been completed.  There were 16 healthcare assistants (HCAs) who had achieved the New Zealand Qualifications Authority Health and Wellbeing level four qualification. Five HCAs were internationally qualified nurses (IQNs), two of whom had a Diploma in Nursing in their home country. Five RNs, including the CSM, had the required interRAI training and maintained their competencies. |
| 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. | PA Low | Implemented recruitment processes included validation of professional qualifications and confirmation of annual practicing certificates (APCs). Staff files reviewed evidenced copies of professional qualifications and a current APC for RNs.  An implemented orientation policy ensured all new staff completed an orientation to the organisation and the facility, as well as role specific components. New staff were buddied with an experienced staff member until they were confident and competent. Staff records reviewed showed the completion of a role appropriate orientation and this was confirmed in staff interviews.  There was a performance review process. However, this was not fully implemented. |
| Subsection 3.2: My pathway to wellbeing  The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | FA | The RNs completed admission assessments, care plans and care plan evaluations. Assessment tools that included consideration of residents’ lived experiences, cultural needs, values, and beliefs were used. Assessments were completed in a timely manner. Staff had completed appropriate cultural safety training.  Te Whare Tapu Whā model of care was utilised for residents who identified as Māori. Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga were included in the person-centred care plans reviewed. Relevant interRAI outcome scores supported care plan goals and interventions. The care plans reflected residents’ strengths, goals, and aspirations, aligned with their individual values and beliefs. Early warning signs and risks that may affect a resident’s wellbeing, were documented where applicable. Management of specific medical conditions and bowel cares were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Identified family/whānau goals and aspirations were also addressed in the care plans where applicable.  Residents’ care was evaluated each shift and reported in the progress notes. Changes noted were reported to the RN, as verified in the records sampled. Long-term care plans were reviewed at least six monthly following the interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. Care evaluation included the residents’ degree of progress towards achieving their agreed goals and aspirations, as well as family/whānau goals where applicable. When progress was different from expected, the service, in collaboration with the resident, family/whānau, responded by initiating changes to the care plan. The general practitioner (GP) interviewed, ensured the three-monthly medical reviews for all residents were undertaken in a timely manner, and more often if needed. The GP covered the service twenty-four hours a day, seven days a week and had cover for any planned leave.  Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required. |
| 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 system implemented was appropriate to the scope of the service. An electronic medication management system was used. Staff who administered medicines had a current medication administration competency. A senior healthcare assistant was observed administering medicines in an appropriate manner.  Medicine allergies and sensitivities were documented on the resident’s chart where applicable. No standing orders were used at this facility.  The service used pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation occurred as required. There was no expired medicine in the medication storage room. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.  Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.  Appropriate processes were in place to support self-administration for competent residents. Staff understood the requirements. No residents were self-administering medicines on the day of the audit. |
| 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 | Residents’ nutritional requirements were assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identified residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A dietary preference form was completed and shared with the kitchen staff and any requirements were accommodated in daily meal plans. Copies of individual dietary preference forms were available in the kitchen folder and documented on the whiteboard.  The service operated with an approved food safety plan which expires 27 June 2025. Interviewed residents expressed satisfaction with the food options. |
| 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 | A documented transfer and discharge policy was in place to guide staff practice. The RN discussed the process for transfer and/or discharger from the service which was planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or EPOAs. Residents’ current needs and risk management strategies were documented, where applicable. Residents’ family/whānau reported being kept well informed during the transfer of their relative. |
| 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. | PA Moderate | Building warrant of fitness (BWOF) compliance checks had been completed. However, the BWOF certificate was not current.  A preventative and reactive maintenance schedule was in place. There was evidence sighted that the checking and calibration of equipment and electrical testing and tagging was current. Hot water temperatures were assessed monthly in areas accessed by residents and there was a process in place to address variances. There was a room that could be accessed to accommodate whānau and quiet areas for residents to meet with family or seek privacy. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | The facility has an approved fire evacuation plan. Emergency exits have appropriate signage. Staff stated that that emergency evacuation drills were conducted at least six monthly. |
| 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 (IP) programme 2023 - 2024 was led by the RN who was the nominated infection prevention and control coordinator. Annual review of the programme occurred January 2024. Head of clinical at head office was responsible for this process. The IP programme was closely linked to the quality and risk programme and was reviewed at the same time the quality and risk programme was reviewed three monthly. There was an infection prevention and control committee.  Staff had received relevant education in IP at orientation and through the ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents’ meetings. Hand hygiene posters were posted around the facility |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | The surveillance programme already developed includes surveillance of health care-associated infections (HAIs). The surveillance programme reviewed was appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection prevention programme. Surveillance is undertaken monthly and includes information on the number of urinary tract infections, upper and lower respiratory infections, eye, ear and skin infections, wounds and skin tears. Resident ethnicity data is also documented.  Infection prevention audits were completed, with relevant corrective actions implemented where required. Staff were informed of infection rates and regular audit outcomes at staff meetings and through compiled reports, as confirmed in interviews with staff. New infections were discussed at shift handovers for early interventions to be implemented.  The last infection outbreak was July 2023. This had been reported to governance and information fed back to staff at the time at handover and through the staff meetings. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The RN and CSM understood that restraint elimination was the aim of the service and confirmed this was explicitly detailed in policy (sighted). Staff acknowledged that this was discussed during orientation and as part of the ongoing education programme. The CSM was the restraint coordinator and ensured the register was maintained. No residents were using a restraint on the day of the audit. Annual training was provided on de-escalation, cultural considerations and management of challenging behaviour. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 2.3.2  Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered. | PA Low | Five of seven files had no evidence of the outcome of a completed police check. The regional manager (RM) advised that police vetting was a process managed by head office. However, there was insufficient evidence on site to confirm that completed vetting processes had occurred. | Not all staff files evidenced completed vetting. | Ensure police vetting is completed.  90 days |
| Criterion 2.4.5  Health care and support workers shall have the opportunity to discuss and review performance at defined intervals. | PA Low | There was a performance appraisal system to provide staff with the opportunity to discuss and review their performance annually. Records evidenced that of seven staff files sampled performance appraisals were current for three staff members, and four were overdue for review. Of these four, two were in progress. The sample was extended to review a hard copy file of completed performance appraisals. It contained 23 performance reviews that had been completed within the preceding 12 months. At the time of the audit there were 48 staff. | Not all staff files evidenced a current performance appraisal. | Ensure performance appraisals are completed annually for all staff.  90 days |
| Criterion 4.1.1  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. | PA Moderate | Regular compliance checks required for the BWOF had been completed and logged as required. However, on the day of the audit the BWOF on display was overdue for renewal in April 2024. After the on-site audit a BWOF was obtained on 14th June 2024. | A current BWOF was not available. | Ensure a current BWOF is obtained and displayed.  30 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.

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| No data to display |

End of the report.