

# The Ultimate Care Group Limited - Ultimate Care Manurewa

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	The Ultimate Care Group Limited
<b>Premises audited:</b>	Ultimate Care Manurewa
<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: 13 June 2024    End date: 13 June 2024
<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>	44

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

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

### Key to the indicators

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

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

## General overview of the audit

Ultimate Care Manurewa is part of the Ultimate Care Group Limited. The home is certified to provide services for up to 51 residents requiring rest home and hospital level care. Day to day operations are the responsibility of the facility manager and the clinical services manager.

Changes to the environment since the last audit are the decommissioning of one bedroom for use as a staff room which reduced the total bed numbers to 50, and the conversion of a small lounge area into a whānau room.

This unannounced surveillance audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and the organisations agreement with Health New Zealand - Te Whatu Ora. The audit included interviews with residents/whānau, management staff, and a nurse practitioner. Records sampled included quality and risk management activities, staff files, resident records and infection surveillance data. Observations were made throughout the audit including the medication round, meal service, staff/resident interactions and the environment.

## Ō tātou motika | Our rights

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



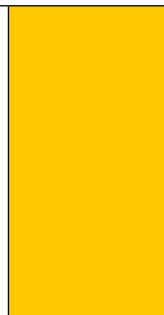
Subsections applicable to this service fully attained.

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

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

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

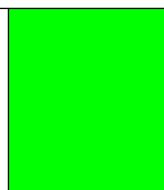


Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Governance representatives and management are aware of their responsibilities regarding compliance. Strategic goals are defined and monitored. The required resources are made available to support the quality and risk management system. The organisation actively works towards reducing barriers and improving equity. Quality and outcome data is collated, analysed and benchmarked across all Ultimate Care Group services. Corrective actions are implemented and monitored. Organisational risks are monitored.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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



Subsections applicable to this service fully attained.

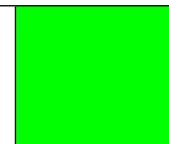
Residents' assessments and person-centred care plan are completed by suitably qualified personnel in a timely manner. The service works in partnership with the resident and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents were reviewed regularly and referred to specialised services and to other health services as required. Transfers to other health care services and discharges were managed in an appropriate and timely manner.

The medication management system in use is appropriate for the size and scope of the service. Medicines were safely stored and administered by staff who had a current medication administration competency.

A holistic approach to menu planning and development was adopted ensuring food preferences, dietary needs, intolerances, allergies, and cultural preferences are taken into consideration in consultation with residents and family/whanau where appropriate. Residents verified satisfaction with meals provided.

## 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.



Subsections applicable to this service fully attained.

There is a current building warrant of fitness. The organisation maintains a safe and appropriate environment.

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

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

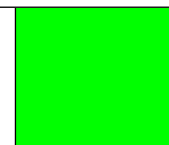


Subsections applicable to this service fully attained.

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

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.



Subsections applicable to this service fully attained.

Policies and procedures are in place that verify promotion of eliminating restraint use. At the time of the audit no restraints were in use. Training is provided for all staff on de-escalation techniques and managing challenging behaviour. If a resident was using a restraint, six monthly reviews would occur. An experienced registered nurse is the restraint co-ordinator who oversees the restraint elimination programme.

## 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	17	0	0	1	0	0
Criteria	0	48	0	0	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](#).

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. 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>	FA	<p>Staff demonstrated and explained their commitment towards the principles of Te Tiriti o Waitangi. They mentioned the concepts of whanaungatanga and manaakitanga and how these concepts were practiced on a day to day basis. There was evidence that whānau were paramount and included in all areas of service delivery. Staff are orientated and educated on the principles of Te Tiriti o Waitangi. There are a number of staff who are fluent in te reo Māori, and available to provide cultural support as needed. The service has access to the Ultimate Care Group (UCG) Māori Health Plan which aligns with legislation and current best practice tikanga guidelines. The service has a relationship with local iwi. There were a number of residents who identified as Māori. Those interviewed were satisfied with the support they received and commented on the way in which their whānau and iwi were supported and respected. The facility manager and clinical manager were familiar with the concept of mana motuhake.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of</p>	FA	<p>The UCG Pacific plan is underpinned by Pacific models of care with the management team accessing information from Pacific communities to enhance the plan. Policies align with Ola Manuia: the Pacific Health Strategy. There were many Pacific residents, and a number of Pacific staff. The facility manager reported that these staff provided cultural support and</p>

<p>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.</p>		<p>added a Pacific world view to service delivery. Cultural and spiritual beliefs are documented for all residents. Residents/whānau advised that their cultural beliefs were respected.</p>
<p>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.</p>	FA	<p>Staff understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>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.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process includes staff education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p>
<p>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</p>	FA	<p>Signed admission agreements were evidenced in residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation, care plans were signed by residents who are competent and able to consent, and a medical decision was made by the general</p>

<p>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>practitioner (GP) for residents who were unable to provide consent. Residents and family/whānau confirmed that they are provided with information regarding the Code and consent processes.</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 complaints had been comprehensively investigated and closed to the satisfaction of the complainant. The facility manager was able to describe all concerns that had been raised and the actions which had been implemented. Outcomes from concerns/complaints were shared with staff at quality/staff meetings.</p> <p>Residents also have the opportunity to voice any concerns at resident meetings and these are held every two months. 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>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 UCG provide all facility managers with a progress tool from which to self-assess compliance towards these</p>

<p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>standards. The quality and risk management system is well developed and resourced.</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 UCG management team has a clinical governance structure in place at head office. The clinical team reviews clinical indicators of all UCG facilities for monitoring and benchmarking purposes. The facility manager (FM) at Manurewa is an experienced administrator, who has been in the role for one year and is supported by a clinical services manager (CSM) with five years' experience in the aged care sector. Both are supported by their UGC regional manager. Weekly roundup reports to the regional manager include discussions regarding occupancy, outcomes, achievements, risk and the focus for the coming week.</p> <p>The service provides rest home and hospital level care for up to 50 residents. At the time of the audit, there were a total of 44 residents. Of these 35 residents were receiving hospital level care and nine (9) residents were receiving rest home level care. Included in these numbers were five residents on respite care.</p> <p>All but the respite residents were receiving care under the aged related residential care (ARRC) agreement with Health New Zealand - Te Whatu Ora.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide</p>	<p>FA</p>	<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. Risk levels and mitigation strategies are documented and monitored. Business and fiscal sustainability are closely monitored. The facility manager's reflective report to the management team provides a range of quality and clinical data, with a detailed narrative. Data is reported under the headings of residents, staff and business. Overall performance is rated with comments made from the management team regarding areas which require</p>

<p>governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>improvement or closer monitoring with the only significant shortfall related to the provision of registered nurse cover (refer subsection 2.3).</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. Corrective action plans are documented when required, with evidence of closure. Records of staff/quality meetings confirmed that quality data and corrective action plans are discussed and communicated.</p> <p>Manurewa follows the UCG national adverse event reporting policy for internal and external reporting. The process for managing adverse events mitigates the likelihood of repeat events occurring. The adverse events management system supports learning and improvement opportunities. The facility manager is aware of situations in which the organisation would need to notify statutory authorities. Essential notifications are made as and when required, for example section 31 reports to the Ministry of Health (MOH) regarding the nursing shortage.</p> <p>Reflection reports include the number of falls (which were categorised to enable trend analysis), infection surveillance data, number of wounds, resident weight loss, polypharmacy, pressure injuries, medication errors and the number of prescribed antipsychotics. There were 7 incidents recorded for June 2024 with the majority of these being residents who are considered frequent fallers. Any clinical risks were documented within the residents individual support plans.</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.</p> <p>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.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-</p>	<p>PA Moderate</p>	<p>There is a sufficient number of staff on duty at all times. Staff and residents/whānau commented that staffing levels were adequate. The FM works 40 hours per week Monday to Friday and participates in the on-call roster for any non-clinical emergency issues. The CSM works 40 hours per week and is available for clinical support. Additional support is provided via the UCG on-call clinical support helpline.</p> <p>Rosters sampled confirmed that staff are replaced in the event of a temporary absence. There are dedicated laundry and cleaning staff seven days a week. The previously identified area requiring improvement regarding registered nurse cover during the night shifts remains open (refer</p>

<p>centred services.</p>		<p>criterion 2.3.1). Four RNs are interRAI trained and care givers complete Careerforce training in New Zealand Qualification Standards (NZQA) to level four. All new staff are encouraged to commence the training on employment.</p> <p>The CSM 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. The UCG power point presentation and staff questionnaire includes the principles of Te Tiriti o Waitangi, partnership, protection and participation.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of 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>FA</p>	<p>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.</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. Staff profiles included ethnicity.</p> <p>Formal performance reviews are completed annually. Records of reviews were sighted. This addresses the previously identified area of improvement (criteria 2.4.5). The FM and CSM are on site during weekdays so also monitor staff performance on a day to day basis.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	<p>FA</p>	<p>The registered nurses (RNs) complete admission assessments, care plans and care plan evaluations. Recognised assessment tools that include consideration of residents' lived experiences, cultural needs, values and beliefs were used. Assessments were completed in a timely manner. Staff have completed cultural competencies including cultural safety and Te Tiriti o Waitangi training.</p> <p>Te Whare Tapa Whā model of care is utilised for residents who identify as Māori. Māori healing methodologies, such as karakia and mirimiri were included in the person-centred care plans. Relevant interRAI</p>

<p>whānau to support wellbeing.</p>		<p>scores/outcomes have supported care plan goals and interventions. The care plans reflected residents' strengths, goals and aspirations, aligned with their values and beliefs. This applies to Pasifika people admitted to this home with their individual values being respected and documented in the care plans reviewed. Known risks that may affect a resident's wellbeing, were documented where applicable. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. The nurse practitioner interviewed, stated that the care plans are well documented by the registered nurses. Family/whānau goals and aspirations are addressed in the care plans, where applicable.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes electronically. Any changes were reported to the RN, as verified in the records sampled. Long-term care plans were reviewed six monthly following interRAI assessments. Short-term care plans were completed for acute conditions such as one resident has a pressure injury which is nearly healed, and these were reviewed by the RNs regularly, and closed off when the acute condition is resolved. Care evaluations included the progress towards achieving goals. Family input is sought during the six- monthly reviews with the RN, physiotherapist, nurse practitioner (NP) all being involved as applicable. Where progress is different from expected the care plan is adjusted accordingly in collaboration with the multidisciplinary team.</p> <p>Residents' records (seven in total), observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. Residents and family interviewed confirmed being involved and collaboration occurred for any resulting changes. Interviewed staff fully understood the processes to support residents, and whanau when required.</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</p>	<p>FA</p>	<p>The medication management system implemented is appropriate to the scope of the service. An electronic medication management system was used. All staff who administer medicines had a current medication administration competency. The RN was observed administering medicines in an appropriate manner.</p> <p>Medicine allergies, intolerances, sensitivities were documented on the resident's chart where applicable. Appropriate processes were in place for</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>the safe management of controlled drugs. Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks, and accurate entries. The next pharmacy audit is due June 2024.</p> <p>No standing orders are used at this facility since the electronic medication system was introduced. Monthly medication audits are completed by the RNs or clinical manager the last being on the 1 May 2024 and records collated were sighted. Any corrective action requests are completed if needed and closed off when actioned. Feedback is provided to staff at the staff meetings.</p> <p>The service uses pre-packaged blister medication packs. The medication and associated documentation were stored safely. Medication reconciliation occurs as required. There was no expired medicine in the medication cupboard. The records of temperatures for the medicine fridge sampled were within the recommended range. Three trolleys are available. All are locked when and stored away when not in use.</p> <p>Two residents are currently self-administering medicines on the day of the audit. Appropriate processes were in place to support self-medication administration for competent residents. Staff interviewed clearly understood the requirements.</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>Residents ‘nutritional requirements are 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 this was verified at interview with the kitchen manager and the kitchen hand on the day of the audit. Any special requirements are accommodated in the daily meal plans. The menus were reviewed by a registered dietitian on the 6 March 2024. Seasonal menus were sighted.</p> <p>The service operates with an approved food safety plan dated expiry 27 June 2025. Interviewed residents expressed satisfaction with the food options provided.</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>A documented transfer and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or those persons with enduring power of attorney (EPOA). 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.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There have been no changes to the facility since the last audit. The building warrant of fitness expires in June 2025. There is a dedicated maintenance person who is responsible for ensuring day to day requests for maintenance are addressed. Requests are logged and 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.</p> <p>The home is inclusive of all the resident's clinical and multi-cultural needs. There are accessible bathrooms and bedrooms are of generous proportions. Residents rooms are decorated with their personal belongs. During the current refurbishment art works that reflect a range of cultures and signage in English and te reo are stored and in some cases renewed until work is completed.</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</p>	<p>FA</p>	<p>The infection prevention programme is appropriate to the size and scope of the organisation. The UCG infection programme (IP) has been developed by those with IP expertise. The programme is approved by governance and links to quality and risk management. It was reported that the IP programme</p>

<p>infection.  Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.  As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>is reviewed and reported on annually.</p> <p>Implementation of the IP programme was observed during the audit. The clinical manager is the infection prevention coordinator and monitors all infection reports. Education regarding the IP programme was routinely covered during orientation and again on the annual education schedule. Records of staff education were sighted. Staff were aware of their responsibilities regarding infection prevention, including hand washing and the correct use of personal protective equipment. Staff knew not to present for work if they were unwell.</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.  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.</p>	<p>FA</p>	<p>Surveillance activities were appropriate to the size and scope of the service. Surveillance takes into account acuity and risk. Standardised surveillance definitions are used. All infections are investigated and reported. Surveillance includes ethnicity data. The data is collated monthly and sent to head office for benchmarking purposes across all UCG services. Information is graphed and categorised to enable analysis. The clinical manager is responsible for monitoring infections and reporting on the data. The information obtained through surveillance helped determine infection control activities, resources and education needs.</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.  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.</p>	<p>FA</p>	<p>The clinical nurse manager and staff understood that restraint is eliminated whenever possible. The CNM confirmed this is explicitly detailed in policy (sighted) and is communicated to staff during orientation and as part of the ongoing education programme. An experienced RN is the restraint coordinator and ensures the register is maintained. No residents were using a restraint on the day of the audit. Annual training is provided on de-escalation techniques, cultural considerations and management of challenging behaviour and records are maintained.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The facility manager has not been able to source nurses registered with the NZ nursing council for the night shifts. The facility manager completes the required section 31 notifications to the Ministry of Health regarding the nursing shortage. Risks are mitigated by ensuring that there is an extra level four health care assistant on the night shifts. The CSM or a senior RN are also on call. There have been no concerns from staff, management, residents/whānau regarding the clinical safety of residents overnight. This was confirmed in interviews and incident/complaint records.</p>	<p>Not all night shifts are covered by an RN.</p>	<p>Continue with recruitment strategies for increasing registered nurse cover during the night for the hospital wing.</p> <p>90 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.