

# The Ultimate Care Group Limited - Ultimate Care Oakland

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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 BSI Group New Zealand Ltd, 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 Oakland
<b>Services audited:</b>	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 12 December 2024    End date: 13 December 2024
<b>Proposed changes to current services (if any):</b>	The service has requested Residential Disability- Intellectual and Residential Disability- Physical is removed from their certificate.

**Total beds occupied across all premises included in the audit on the first day of the audit: 77**

# 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

Ultimate Care Group Oakland provides hospital (geriatric and medical), and rest home level of care for up to 88 residents. At the time of the audit there were 77 residents.

The service has requested Residential Disability- Intellectual and Residential Disability- Physical is removed from the certificate.

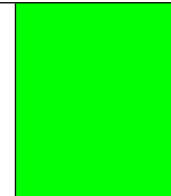
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with family/whānau, staff, nurse practitioner, and management.

An experienced facility manager (newly appointed) oversees the day-to-day operations of the facility. They are supported by a clinical services manager. The Ultimate Care Group regional manager and quality improvement advisor supported the managers during the audit. A quality and risk management programme is documented. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. Feedback from residents and family/whānau was positive about the care and the services provided.

This certification audit identified shortfalls to the business plan, the quality programme, care plan interventions and monitoring, medication management, smoking on site, and cleanliness of the facility.

## 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.

Ultimate Care Oakland provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

A Pacific health plan is documented for the service and the service supports cultural safe care delivery to Pacific peoples.

Residents receive services in a manner that respects their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Ultimate Care Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager is supported by a clinical services manager and oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational objectives (business plan).

Ultimate Care Oakland has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Ultimate Care Oakland collates clinical indicator data and benchmarking occurs. Audits were completed as per the schedule.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te ora | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to or on entry to the service. The clinical services manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals, with the resident and whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the nurse practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

The activity coordinators implement an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and each was reviewed at least three-monthly by the nurse practitioner.

## 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 medium or high risk and/or unattained and of low risk.

The building holds a current B-RaD certificate in place. A reactive and preventative maintenance programme is in place.

Residents can freely mobilise within the communal areas with access to the outdoors, seating, and shade. The building is designed into six wings, each with its own communal dining/lounge area. Most rooms are single, there are seven designated double rooms across two levels. There are two resident lifts. Most have shared ensuite bathrooms. There are also communal toilets/shower rooms with privacy signs. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which were sighted to be within easy reach of residents during the audit. Security checks are performed by staff who lock up in the evenings and open the facility in the morning. There are also twice nightly site security checks by external security services.

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

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

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. There have been three outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are in place.

## 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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the clinical services manager. The facility currently has no residents using restraints. Use of restraints are considered as a last resort only, after all other options are explored.

### 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	21	0	2	4	0	0
Criteria	0	160	0	4	4	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>FA</p>	<p>An Ultimate Care Group Māori health policy and plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and acknowledges that the principles of partnership, participation and protection must underpin any strategies developed for the service. The Whakamaui: Māori Health Action Plan 2020-2025 forms the foundation of the document. The service currently has residents who identify as Māori. Oakland is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plans.</p> <p>The facility manager (FM) confirmed that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. At the time of the audit, there were Māori staff, who confirmed they were supported when they applied to join the service and receive ongoing support for learning opportunities and career development. The Māori health plan documents the commitment of Ultimate Care Group to build cultural capabilities, partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The FM described the response of Oakland to the values and beliefs of Māori residents by following a resident led approach and recognising the central role of whanau in Māori health</p>

		<p>and wellbeing. The service has embedded Te Tiriti o Waitangi principles into service delivery, with particular attention to participation in decision making, and advocating for the protection of Māori interests. A detailed care plan is created, led by any residents who identifies as Māori, with whānau input.</p> <p>All staff have completed yearly cultural competency training, to allow respectful engagement with Māori consumers. Staff interviewed described how they adhere to the ultimate Care Group's commitment statement on diversity, equity and inclusion and the Māori health plan. Links Whaioranga Trust and to a Māori advocate are documented.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Ultimate Care Group has a documented Pacific health plan, which notes the Pacific worldviews, and the need to embrace their cultural and spiritual beliefs. Ola Manuia - the Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents. There is a cultural safety policy that aims to uphold the cultural principles of all residents. There are staff who identify as Pasifika. The service has established links with Pacific organisations through their Pacific staff, and with the Pacific Island Community Trust. Staff have been introduced to the Fonofale model to use as part of service delivery.</p> <p>On admission all residents state their ethnicity. There are currently no residents that identify as Pasifika. Staff interviewed confirmed that resident's family/whānau would be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service, and recognition of cultural needs. The clinical services manager (CSM) interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected. This was confirmed in interviews with Pacific staff.</p> <p>Pacific services information is available through the community links of their Pacific staff. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is accessible in Tongan and Samoan when required. The facility manager</p>

		<p>(FM) described how Oakland increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews were held with fifteen staff members (two registered nurses [RNs], six caregivers, two activities coordinators, the kitchen manager, one chef, one maintenance person, one laundry staff and one physiotherapist); four managers (the facility manager, clinical services manager [CSM], regional manager [RM], and quality improvement advisor [QIA]). Those interviewed and documentation reviewed identified that the service provides person-centred care in line with the organisation's resident led philosophy.</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>	<p>FA</p>	<p>Enduring power of attorney (EPOA), family/whānau, or the resident's representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. Staff have completed cultural training, which includes Māori rights and health equity. Māori mana motuhake is recognised for all residents residing in the facility, by involving residents in care planning. Care plans evidence resident focused goals, with interventions to support residents to make choices around all aspects of their lives.</p> <p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The CSM or FM discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the bi-monthly residents' meetings. Nine residents (four hospital, five rest home), and a family/whānau member (hospital level) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented, and interdenominational services are held. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes understanding the role of advocacy services. Advocacy</p>

		services are linked to the complaints process.
<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>The Oakland annual education calendar demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction surveys confirmed that residents and family/whānau are treated with respect and privacy is well maintained. Oakland residents also felt staff were excellent at being respectful of cultural and spiritual needs. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were two couples in the facility, who confirmed their privacy is respected. The care plans had documented interventions for staff to follow to support and respect their time together. At the time of audit, both couples were residing in shared double rooms.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified and spiritual support is available.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff complete code of conduct and abuse and neglect training and how to identify abuse and neglect on orientation and as per the education calendar. The education encourages reflectiveness, self-awareness and thoughtfulness within the team and aims to foster the desire to be effective with people they meet. All staff are held responsible for creating a positive, inclusive and safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Care staff interviewed could identify and give examples of abuse and neglect. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The managers confirmed that the service's philosophy of 'resident led – what they want we do' is a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed.</p> <p>The service implements a process to manage residents' comfort funds.</p> <p>Cultural diversity is acknowledged, and cultural days are held to celebrate diversity. Staff are educated to look for opportunities to support Māori and ensure wellbeing outcomes for Māori are prioritised. The Māori health plan reflects cultural strategies that include a goal to understand the impact of institutional, interpersonal, and internalised racism on resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. A discrimination, coercion, harassment, and financial exploitation policy is being implemented. There is also a policy documenting the services' commitment to diversity, equity and inclusion.</p>
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<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>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Fourteen accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through interviews with family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. There were residents that could not speak English. Caregivers interviewed could explain how they are able to communicate with language cards, google translate if required, and the help of family/whānau.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services (e.g., physiotherapist, district nurse, hospice, dietitian, speech language therapist, mental health services for older adults, and pharmacist). The CSM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events or other information through regular emails, regular monthly newsletters, and resident and family/whānau meetings. Staff have completed annual education related to communication with residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent</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>processes were discussed with residents and family/whānau on admission. Nine electronic resident files were reviewed and written general consents were sighted for outings, photographs, release of medical information, medication management and medical cares, (included and signed as part of the admission process). Specific consent had been signed by resident and family/whānau for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>On the resident files reviewed, the admission agreement was appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated, as applicable, for residents assessed as incompetent to make an informed decision. Where an EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>A policy that guides informed consent is in place, which includes the guidance on advance directives. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, a medically indicated resuscitation decision was made, where appropriate. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and RNs confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff in relation to the Code of Rights, informed consent, and understanding the role and responsibilities of EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori Plan is available to guide on cultural responsiveness to Māori perspective of health.</p>
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<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>There is a documented process to address concerns and complaints. The complaints procedure is provided to residents and family/whānau on entry to the service. The FM maintains a record of all complaints, both verbal and written, by using a complaint register. This register is maintained. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating.</p> <p>There were fourteen complaints logged in 2024. There have been no external complaints. The complaints reviewed, followed the correct process including acknowledgement, investigation, follow up and replies to the complainant. All complaints were closed as resolved to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held bimonthly where concerns can be raised. Family/whānau confirmed that the CSM and FM are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The CSM acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</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>PA Low</p>	<p>Ultimate Care Oakland is part of Ultimate Care Group and is located in Tauranga in the Bay of Plenty. Ultimate Care Oakland provides hospital (medical and geriatric) and rest home level of care for up to 88 residents. All beds are dual purpose. There are seven double rooms,</p>

<p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>and the rest are designed for single occupancy. Generally, the double rooms are only utilised as such for couples. At the time of audit, there were two couples occupying double rooms.</p> <p>The service has requested Residential Disability- Intellectual and Residential Disability- Physical is removed from their certificate.</p> <p>There were 77 residents at the time of the audit: 35 rest home residents including one resident on a younger person with a disability contract (YPD), and 42 hospital residents. Of these, two residents were on the long-term support – chronic health care (LTS-CHC) contract, two residents were on a YPD contract and two residents were on a short-term ACC contract. The remaining residents were on the aged residential related contract (ARRC).</p> <p>Ultimate Care Oakland has a business plan in place, which links to the organisation’s vision, mission, values, and strategic direction. There was clear business objectives documented; however, there were no documented action plans and no evidence off review of goals.</p> <p>There is a Board of Directors. Ultimate Care Group has a well-established organisational structure, including for clinical governance that is appropriate to the size and complexity of the organisation. The Board has a commitment to Te Tiriti o Waitangi with this documented as an agenda item in Board papers and regularly reviewed and approved by the Board’s Māori representative. The governing body utilises expertise from a Māori Board member and advisor ensuring there is meaningful inclusion and monitoring of equity for Māori at governance level. Board members have had access to cultural and te reo Māori training and also had opportunities to upskill in Te Tiriti via other community roles and employment. The Māori health plan supports outcomes to achieve equity for Māori and addressing barriers for Māori.</p> <p>The executive team oversees the implementation of the business strategy and the day-to-day management of the Ultimate Care Group business. The Board receives progress updates on various topics, including benchmarking; escalated complaints; human resource matters; and occupancy. The FM oversees the implementation of the quality plan. The CSM provides regular reporting to the quality improvement advisor and regional manager on infection control,</p>
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		<p>analysis of adverse events and summaries of clinical risk. Measures are then reviewed and adapted until a positive outcome, or the goal is achieved. The working practices at Ultimate Care Oakland are holistic in nature, inclusive of cultural identity and spirituality, and respect the connection to family/whānau and the wider community, to improve health outcomes for Māori and tāngata whaikaha, as evidenced through documentation review and interviews. Tāngata whaikaha have meaningful representation through bimonthly resident meetings, the complaints management system, and annual satisfaction surveys. The management team reviews the results and provides feedback to identify barriers to care, to improve outcomes for all residents. The organisational clinical governance structure ensures that services are delivered in a safe, effective, and person-centred manner, with a focus on promoting a holistic approach to health for residents.</p> <p>The FM commenced their role at Ultimate Care Oakland in July 2024 and has an extensive background in health management. The FM is supported by an experienced CSM, who has been at the facility for eighteen months. The management team is directly supported by a regional manager, and a quality improvement advisor who are part of the Ultimate Care Group. There is regular reporting to the national programme manager at executive level. The FM and CSM have at the time of the audit, completed more than eight hours of professional development in the last 12 months.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p>	<p>PA Moderate</p>	<p>Ultimate Care Oakland has a documented quality and risk management programme. Cultural safety is embedded within both the quality programme and staff training. There are quality focused objectives documented, and progress is reviewed, monitored, and evaluated at meetings.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data is discussed through various meetings and opportunities are discussed to minimise risks that are identified. Meetings take place with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted</p>

<p>and support workers.</p>	<p>on a quality noticeboard, located in the staffroom and nurses' station. This includes results of data around wounds including skin tears and pressure injuries. Internal audits are completed as per the scheduled programme; however, while actions are taken, there was no evidence of documented corrective actions, follow up or close out of any issues identified in line with policy.</p> <p>There are procedures to guide staff in the management of clinical and non-clinical emergencies. Policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Ultimate Care Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. All policies and procedures are reviewed regularly, and new policies or changes to a policy are communicated to staff.</p> <p>The management team have an open and transparent decision management process that includes regular staff meetings, newsletters, and residents' meetings. The resident and family/whānau satisfaction survey is completed annually. Satisfaction surveys completed in 2023 and 2024 were sighted. High levels of satisfaction were indicated for all areas of service delivery in the 2024 survey, with minor corrective actions implemented regarding timeframes for maintenance tasks to be completed, training for domestic staff to ensure residents are made aware of staff before entry, and policy changes to enhance communication with the kitchen team. Corrective actions in relation to these issues have all been completed with positive feedback from residents.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from different areas that meet monthly. Hazard identification forms are completed, and an up-to-date hazard register was sighted. Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each resident incident/accident, a severity risk rating is given, and immediate action is documented with</p>
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		<p>any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Opportunities to minimise future risks are identified by the CSM, in consultation with the staff. A notification and escalation matrix are available to staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Ultimate Care Group facilities. Results are discussed in the staff meetings. Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Discussions with the FM and CSM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed since the last audit to notify HealthCERT of unstageable pressure injuries, an unexpected death (now with the coroner), new manager notification, and registered nurse shortages. There have been outbreaks recorded since the last audit, which were notified appropriately.</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-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. There is a person with a first aid certificate on every shift.</p> <p>When the FM is absent, the CSM carries out all the required duties under delegated authority. The FM and CSM are on site Monday to Friday. The FM and CSM provide on call after hours. There is 24/7 registered nurse cover on site, and the number of caregivers is sufficient to meet the roster needs. Absences can be covered by staff working extra hours. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Staff and residents are informed when there are changes to staffing levels, evidenced in meeting minutes.</p> <p>Ultimate Care Group has a comprehensive annual training programme that includes clinical and non-clinical monthly topics that was completed in 2023 and is being implemented for 2024. Clinical topics</p>

		<p>include controlled drugs and medication safety, skin management: pressure areas and wound care, promoting and managing continence, falls prevention: mobility and safe transfers, management of challenging behaviours, infection prevention and control, restraint elimination and safe practice, resuscitation: advance directives, informed consent and enduring powers of attorney and capacity.</p> <p>The service has implemented an environment that encourages and supports cultural safe care through learning and support. Staff last attended cultural competency training in November 2024. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content provides resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint; hand hygiene; correct use of personal protective equipment; cultural safety; and safe moving and handling. A record of completion is maintained. Additional RN specific competencies include syringe driver, and interRAI assessment competency. Seven of the twelve RN's (including the CSM) are interRAI trained.</p> <p>There are thirty-four caregivers employed across the service. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-two caregivers have obtained a level 3 or level 4 NZQA certificate equivalent to the Certificate in Health and Wellbeing.</p> <p>Staff wellness is supported by an employee assistant programme. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback in an annual staff survey.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Ten staff files reviewed evidenced implementation of the recruitment process,</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>employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (eg, RNs, NP, pharmacy, physiotherapy, podiatry, and dietitian). All staff that had been in employment for more than 12 months had an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff to return to work when injured. There is an employee assistance programme implemented across all Ultimate Care Group sites which is available to all staff.</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 files and the information associated with residents is retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference.</p> <p>Organisation related documents that are not in use are securely destroyed. The FM is the privacy officer and must approve any request for health information from third parties. Health information is kept</p>

		<p>confidential and cannot be viewed by other residents or members of the public.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is an entry and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Nine admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The FM and CSM are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</p> <p>The facility has developed relationships with Māori services and Rongoa Māori health practitioners.</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</p>	<p>PA Moderate</p>	<p>Nine files were reviewed for this audit (five hospital residents, and four rest home residents). The CSM and the RNs are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the</p>

<p>my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>initial assessments, interRAI assessments, and family/whānau meetings, where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>All Māori residents have a Māori health care plan in place. Barriers to care are identified and minimised.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission; however, the assessment and cares was a tick-box form and didn't identify individual needs. All reviewed files had interRAI assessments and reassessments completed in a timely manner. The long-term care plan does not always include interventions to guide care delivery. The care plan aligns with the service's model of Te Whare Tapa Wha. Care plan evaluations were completed as needs changed. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs.</p> <p>The service contracts a nurse practitioner (NP) who assesses residents within five working days of admission. The NP reviews each resident at least three-monthly and is involved in the six-monthly resident and family/whānau reviews. After-hours support is available from the NP and/or the practice. When interviewed, the NP expressed satisfaction with the standard of care at Ultimate Care Oakland. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. There is a physiotherapist who is contracted for eight hours a week. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists, and wound care specialist nurse are available as required.</p> <p>Caregivers and registered nurses interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily in the hospital and weekly in the rest home by RNs with caregivers documenting progress notes at the end of a shift. The RN further adds to the progress notes if there are any incidents, NP visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were</p>
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		<p>being met. When a resident's condition alters, an RN initiates a review with the NP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, NP visits, medication changes and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. An electronic wound register is maintained. There were 39 residents including five lesions, five scrapes, two with skin conditions, three surgical wounds, 19 skin tears, one chronic ulcer and four pressure injuries (facility acquired with three at stage two and one at stage one).</p> <p>Registered nurses and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs are expected to complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; restraint; and toileting regime. Monitoring charts were not always completed as per care plans. Neurological observations are not completed for unwitnessed falls and suspected head injuries according to policy.</p> <p>Short term care plans were sighted in resident files reviewed. These were for infections (including urinary tract infection, cellulitis, respiratory tract infection), challenging behaviour, hypotension, lesions etc. The short term care plans were either resolved or added to the long term care plan if ongoing.</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>There are two activities coordinators both work 30 hours a week. There is a casual activities coordinator who can fill in if either of the activities coordinators is on leave. There is a volunteer who comes in the weekend to play cards or bingo with residents. There is equipment left out for the caregivers to cover the weekends. The programme is planned monthly, and a monthly and weekly programme is placed in large print on noticeboards in all areas. Each area has a different programme which ensures activities are meaningful in all areas. Some activities are shared. A diversional therapist from another facility</p>

		<p>approves the activities plan.</p> <p>The service facilitates opportunities to participate in te reo Māori with Māori language posters, introducing te reo Māori language in activities, participation in Māori language week, Waitangi Day celebrations, and Matariki. Day care children visit and sing in te reo, karakia is performed, other cultural activities include (but are not limited to) Diwali sweets at Happy hour to celebrate Indian Culture, and the residents made Chinese lanterns for a Chinese church service.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as discussions, manicures and relaxation activities are offered.</p> <p>All activities are carried out in the communal lounges. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings.</p> <p>Activities include exercises; baking demonstrations; crafts; games; quizzes; entertainers; crosswords; gardening; board gaming; hand pampering; happy hour; and bingo. There are regular van drives scheduled for outings and visits to shops and cafes. There is an interdenominational church service during the month. There are visits from pet therapy, school groups, Kapa Haka groups, with a day care visiting during the audit.</p> <p>There are monthly resident meetings, with family/whānau welcome to attend these. Residents can provide an opportunity to provide feedback on activities at resident meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
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<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>PA Low</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided annually. Two RNs have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration.</p> <p>The staff use an electronic medication system and robotic packaging. All medications are stored securely and checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored in the facility medication areas and on locked trolleys. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures were within acceptable ranges; however, there is no means to cool down medication rooms when the temperature goes above 25 degrees. All medications, including the bulk supply order, are checked monthly. All medications with a short shelf life including eyedrops have been dated on opening.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. The clinical service manager and RNs confirmed that any over the counter medications would be charted on the electronic medication chart if in use.</p> <p>There were residents who were self-administer medications; however, a competency to ensure they can safely keep and administer their own medication is not in place.</p> <p>As required medications are administered as prescribed, with effectiveness documented in the electronic system. Medication competent caregivers or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes,</p>
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		<p>including the reason for changing medications and side effects. This is documented in the progress notes. The CSM and RN described how they work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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 and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 27 June 2025. The four-weekly seasonal menu has been reviewed by the Ultimate Care dietitian. There is a full-time kitchen manager who has recently been employed, a chef and relieving chef, who are supported by kitchen assistants.</p> <p>There is a food services manual available in the kitchen. The chefs receive resident dietary information from the RNs and are notified of any changes to dietary requirements or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements and showed where these are documented. A new chef was working on the day of audit and also described where allergies, sensitivities, likes and dislikes were documented along with types of meals provided (pureed, soft etc). Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The daily menu is written on noticeboards in each dining room. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. When interviewed, the cook stated that Māori residents have specific food as per the menu that they particularly like.</p> <p>The chefs complete a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are served from bain-maries in all dining rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food</p>

		<p>services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</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>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident discharge or transfer policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau and residents are involved for all discharges or transfers to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The RN's explained that the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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>	FA	<p>The building holds a current Declaration B-RaD certificate which expires on 6th January 2025. This report was issued in lieu of a building warrant of fitness. At the time of testing there were uncompleted inspections and/or maintenance procedures in relation to the backflow preventor system and the passenger and service lifts. These have now been rectified as confirmed during the audit.</p> <p>The building is separated into six wings (Rimu, Pohutukawa, Pattersoni, Puriri, Robur and Kowhai), all with their own dining and lounge areas. This contributes to the homely atmosphere, with residents observed at audit, eating, mixing and mingling in small groups within each wing.</p> <p>There is a maintenance person who works 40 hours a week and a contracted gardener. Requests for maintenance are entered on the electronic system with this checked daily. There was evidence that repairs had been signed off when completed. There is an annual</p>

	<p>maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available as required. Medical equipment including (but not limited to) hoists and scales were checked and calibrated in October 2024. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents and for any residents with physical disabilities should they be admitted to the facility.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external decks/courtyards and gardens have seating and shade. Some rooms have opening doors out onto the decks. There is safe access to all communal areas.</p> <p>There are a mix of rooms with ensuites and shared toilets. Most rooms are designed for single occupancy. There are seven double rooms, generally only occupied by married couples. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. There are sufficient communal bathrooms/showers within the facility with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is adequate space for the use of a hoist for resident transfers as required.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There are electric wall and ceiling heaters in all rooms and communal areas. Portable fans are used for cooling in summer, together with natural ventilation from windows and doors. Residents interviewed stated that the environment was warm and comfortable.</p> <p>There are small lounges and dining rooms in all wings, most with tea and coffee making facilities and access to a microwave. There are also small nooks for residents to sit, a library designed for smaller groups to gather, and a hairdressing salon.</p> <p>The facility manager reported that if there is a planned development for the building, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of</p>
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		Māori.
<p>Subsection 4.2: Security of people and workforce</p> <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>PA Moderate</p>	<p>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on 3rd November 2006. Fire evacuation drills are held six-monthly with the last drill completed on 21st October 2024. During the audit, it was confirmed that there are four residents who smoke outside of the designates smoking area.</p> <p>There are emergency management plans in place to cover health, civil defence and other emergencies. Civil defence supplies are stored in each wing and are checked monthly. The service is currently arranging for the purchase of an on-site generator, currently if a generator is required, this would be hired. There is gas for cooking, and adequate food supplies available for each resident for a minimum of five days. There are water supplies to provide staff and residents with four litres a day, for a minimum of three days.</p> <p>A power outage was experienced at the time of audit and emergency systems were activated. A generator wasn't required on this occasion as the outage was intermittent. Meals were provided as usual, and services for residents were maintained and the emergency plan was actioned and worked well. Residents were checked on regularly, and the back up system maintained the call bell system during the outages.</p> <p>Emergency management is included in staff orientation. It is also part of the ongoing education plan. A minimum of one person trained in first aid is always available on site. There are call bells in the residents' rooms, communal toilets and showers, and lounge/dining room areas. Indicator lights are displayed above resident doors and there is a call bell display unit at the end of each wing and in the nurse's stations. Call bells are tested monthly. The residents were observed to have their call bells in close proximity. Residents and family/whānau</p>

		<p>interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, and staff lock and unlock the facility, completing security checks at night. There is a contracted security company who complete twice nightly security checks of the building.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of 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>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of Ultimate Care Oakland business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Ultimate Care Group head office, Public Health, and Health New Zealand. Infection control and AMS resources are accessible.</p> <p>There is a facility infection control committee that meets monthly. Infection rates are presented and discussed at infection control and staff meetings. The data is also benchmarked with other Ultimate Care Group facilities. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the senior management team, the NP, and the public health team. There is a documented pathway for reporting infection control and AMS issues to the Ultimate Care Group Board.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the national programme manager, in consultation with the infection control coordinators.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></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.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Ultimate Care Group head office annually, in consultation with infection control</p>

<p>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>coordinators. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed online training with Health New Zealand, and the Ministry of Health.</p> <p>The infection control coordinator (CSM) was interviewed, described the pandemic plan, and described how staff would implement the plan at the time of any outbreak. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. Internal audits include monitoring of the effectiveness of education and infection control practices.</p> <p>The infection control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The infection prevention coordinator and clinical team, works in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective</p>
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		<p>equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the infection control and staff meetings. Significant events are reported to the Ultimate Care Group executive team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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>Infection surveillance is an integral part of the infection control programme and is described in the Ultimate Care Oakland infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed at infection control and staff meetings. The service incorporates ethnicity data into surveillance methods and data captured are easily extracted. Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern, documented, and completed. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p>

		The service receives information from Health New Zealand for any community concerns. There have been three outbreaks since the last audit with documentation and discussions with the CSM confirming that appropriate external authorities were notified.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>PA Moderate</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Cleaners are employed to clean each day of the week. The cleaner on duty during the audit was observed to clean throughout the facility.</p> <p>All laundry is laundered on site by dedicated laundry staff every day of the week. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control coordinator oversees the implementation of the cleaning and laundry audits.</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</p>	<p>FA</p>	<p>The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times</p>

<p>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>when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility had no restraints. The CSM (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the staff, RN, and quality meetings and in a monthly restraint summary, which is shared with members of the Board.</p> <p>A review is completed annually. All staff have annual restraint training. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the orientation programme as well.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.2</p> <p>Governance bodies shall ensure service providers’ structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>	PA Low	There is a business plan with clearly identified objectives. The FM described being responsible for monitoring of the business plan.	There were no action plans in the business plan to support implementation, monitoring, review and evaluation of the stated objectives.	<p>Ensure action plans against objectives in the business plan are documented with regular review and evaluation of the stated objectives.</p> <p>90 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Moderate	Range of facility meetings are held which evidence discussion of quality data results with staff. Satisfaction surveys are held and evidence overall satisfaction with service provision and any areas of lower satisfaction have been addressed. Internal audits are completed in line with the documented schedule of audits. The quality improvement manager, the FM and the	Internal clinical audits do not show evidence of documented corrective actions, resolution of issues, and closure.	<p>Ensure internal clinical audits evidence documented corrective actions, resolution of issues and are closed out.</p> <p>90 days</p>

		CSM are responsible for overseeing the closure and results of the audits; however, not all corrective actions have been actioned and evidenced as closed off when completed.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p>	<p>PA</p> <p>Moderate</p>	<p>Nine of nine resident files reviewed confirmed that documentation and review of assessments and care plans were completed in a timely manner. There was attention by care staff to informed choice from the resident and/or family/whānau being a key to care planning.</p> <p>The initial assessment and care plan for each resident has a tick box to identify which domains have been assessed; however, there is no detail of interventions required in the initial assessment or care plan. Staff interviewed were able to describe interventions however these are not documented.</p> <p>Appropriate interventions described by care staff and observed as being in place; however, these were not always documented.</p>	<p>i). Initial assessments and care plans were documented using a tick system. There was no detail around interventions required.</p> <p>ii). One hospital resident with a current pressure injury and behaviours that challenge did not have care plans documented for the use of a bed cradle and management of behaviours.</p> <p>iii). One hospital resident had no plan around seizures documented.</p> <p>iv). One rest home resident had no interventions documented to manage pain.</p>	<p>Document interventions that describe care to be provided in the initial care plans.</p> <p>ii). – iv). Ensure detailed individualised interventions are documented in care plans to guide care.</p> <p>90 days</p>

(h) People's care or support plan identifies wider service integration as required.				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	<p>Staff were able to describe monitoring required for residents including changes of position and the importance of neurological observations post fall. A suite of monitoring charts are available for staff to utilise; however, these were not always completed as per schedule.</p>	<p>i). One resident (hospital level of care) did not have two hourly turns recorded as being completed.</p> <p>ii). Neurological observations are not completed as per policy in nine of nine sets of observations reviewed for residents who had a fall or who had hit their head</p>	<p>i). Ensure turning charts are completed as instructed in the care plans.</p> <p>ii). Ensure neurological observations are completed as per policy for residents who had a fall or who had hit their head</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>Daily temperatures of each medication room confirmed that these are within the range as per policy with rooms ranging from 23 to 25 degrees centigrade on the days of audit. The outdoor air temperature was warm, humid and cloudy on the days of audit. Two rooms had external windows that could be</p>	<p>The medication rooms were at the temperature on the days of audit; however, potentially there were no means to keep the rooms at 25 degrees or below in the heat of summer.</p>	<p>Ensure that the medication rooms remains at 25 degrees or below at all times.</p> <p>90 days</p>

		partially opened with a grill over the window. Fans were available and in use in the nurses' rooms next to the medication rooms during the audit. Staff confirmed that sun does stream into two of the rooms. The RNs interviewed stated that the medication rooms had become very hot in 2023, and they had put in requests to have a way of cooling the rooms put in place. The new facility manager and the quality improvement advisor were not aware of any request that had been lodged with head office also unaware of the issue.		
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	PA Low	<p>There is a policy around self-administration of medication. This references the requirement for any resident to complete a competency assessment prior to storing the medication in their own bedroom. The clinical service manager and RNs stated that there were no residents self-administering medications; however, two residents were noted to have medications in their room on their bedside table (inhalers and nitro lingual spray). The residents stated that they did not remember signing a competency assessment; however, both stated that they had given consent for the medications to be in their room.</p>	<p>A competency to confirm that two residents were able to self-administer their own medication safely was not evidenced.</p>	<p>Ensure that any resident who self-administers medication has a competency signed to confirm safe storage and competency to take medications as prescribed.</p> <p>90 days</p>
<p>Criterion 4.2.2</p> <p>Service providers shall ensure there</p>	PA Moderate	<p>Fire evacuation drills are held six-monthly with the last drill completed on</p>	<p>Four residents were observed smoking outside</p>	<p>Review site smoking policies and</p>

<p>are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>		<p>21st October 2024.</p> <p>The managers have identified an issue with four residents who smoke close to their room. Each resident has French doors onto the deck and were observed smoking outside of their room with the smoke going into a room with a resident who did not smoke. The auditors noticed a smell of cigarette smoke in the hallway. One resident was on an outdoor deck with smoke smell evident in an adjacent non-smoking resident's room and hallways. One resident was observed smoking in their room with the French doors to the deck open. The facility has a sprinkler system in place, and this has not been activated at any time.</p> <p>One family/whānau and a resident complained of the smell of cigarette smoke in their bedroom and had asked to be shifted out to another area of the facility.</p> <p>The managers stated that they were continuing to work with the residents who smoked and had given explicit directives and consequences if the resident/s continued to smoke in their rooms. The managers had given permission for residents to smoke on the deck.</p>	<p>on an outdoor deck or in their room with smoke noted in an adjacent non-smoking resident's room and hallways.</p>	<p>implementation to ensure risks related to fire safety and the needs of other residents and staff are identified and minimised.</p> <p>60 days</p>
<p>Criterion 5.5.3 Service providers shall ensure that the environment is clean and there</p>	<p>PA Moderate</p>	<p>Cleaners are employed to clean each day of the week. The cleaner on duty during the audit was observed to clean</p>	<p>The whole facility was not always kept clean e.g. some showers, external decks,</p>	<p>Complete a thorough clean of the facility initially with cleanliness then</p>

<p>are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>		<p>throughout the facility. Bedrooms were kept clean and residents and family interviewed complimented staff for the cleanliness in their individual rooms. It was noted; however, that there were areas that were not kept clean. These included two showers, one deck where there was food and cigarette butts left out by residents for the birds, a deck that had moss that had not been cleaned effectively, and windows and railings. The medication rooms were all checked and in each there was evidence of cobwebs on the windows and dusty dirty shelving and sinks.</p> <p>The kitchen and laundry were noted to be exceptionally clean. The facility manager and clinical service manager (also the infection prevention and control coordinator) is responsible for monitoring of cleanliness. Audits of the environment were completed throughout the year with no corrective actions noted in audits completed.</p>	<p>windows, railings, and the medication rooms.</p>	<p>maintained to a high standard on a daily basis.</p> <p>90 days</p>
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## 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.

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End of the report.