

The Ultimate Care Group Limited - Ultimate Care Palliser House

Introduction

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

The audit has been conducted by 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:

Legal entity: The Ultimate Care Group Limited

Premises audited: Ultimate Care Palliser House

Services audited: Hospital services - Medical services; Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 16 January 2025 End date: 17 January 2025

Proposed changes to current services (if any): Can Hospital services Geriatric be added to the certificate. The service has been verified as suitable to provide these services.

Total beds occupied across all premises included in the audit on the first day of the audit: 32

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Palliser House is part of the Ultimate Care Group and is in Greytown in the Wairarapa region. The service provides rest home, hospital and dementia level of care for up to 32 residents. On day of audit there were 32 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures, the review of resident and staff records, observations, and interviews with residents, families/whānau, management, staff, and a nurse practitioner.

This audit also verified the service as being suitable to provide Hospital Geriatric Services.

The facility manager is supported by a clinical services manager, and a team of care and support staff. They are supported by the regional operations manager and the governance body.

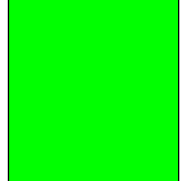
There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training are in place to provide staff with appropriate knowledge and skills to deliver care.

There have been no changes to the facility since the previous audit.

The shortfalls to address from the previous audit relating to implementation of the roster, long term care plan development and documentation of medication effectiveness have been satisfied.

There were no shortfalls identified at this surveillance audit.

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.
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There is a Māori health plan in place. The service recognises Māori mana Motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples embracing their worldviews, cultural, and spiritual beliefs.

Staff demonstrated an understanding of resident's rights and obligations and ensures residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Palliser House business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services are focussed to ensure outcomes are improved for Māori.

The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and their staff. There is process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.


The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or families whānau input. Care plans demonstrate service integration. Resident records included medical notes by the contracted general or nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks were available 24/7.

All resident's transfers and referrals are coordinated with residents and families/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current building warrant of fitness. A maintenance plan is adhered to, and all equipment has been tested, tagged and calibrated as scheduled.

The dementia unit provides a homelike atmosphere. The facility is secure.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources for staff. Documentation evidenced that relevant infection control education is provided to staff as part of their orientation and as part of ongoing in-service education programme.

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There have been two outbreaks recorded and reported on since the last audit.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment, and this is supported by the governing body and policies and procedures. There were no residents requiring restraint at the time of audit. Annual education takes place and staff have completed restraint

competencies. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative solutions.

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	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the organisation, which Palliser House utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery.</p> <p>On day of audit there were residents and staff who identified as Māori. A review of the cultural aspect of the care plan showed that the care was provided equitably and based on Te Tiriti o Waitangi principles, with recognition of mana Motuhake.</p> <p>Eight staff (one registered nurse, four caregivers, one head cook) and two managers, (facility manager and clinical services manager) confirmed that they have completed cultural safety training and are proficient in discussing principles of Te Tiriti o Waitangi and applications within their roles.</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>	FA	<p>Palliser House uses a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. During the audit there were staff who identified as Pacific and no Pasifika residents at the facility. Staff when interviewed demonstrated an understanding of Pacific culture, its relevance to their polices and were knowledgeable about how to access community support for Pacific individuals.</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>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>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code), and there is opportunity for residents and their families/whānau to discuss aspects of the Code during the admission process. Interviews with four families/whānau (one from dementia, one from rest home and two from hospital) and four residents ((two hospital and two rest home) revealed that they received information at admission, which included the Code.</p> <p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori around the facility. Both residents and families/whānau are briefed on the extent of services provided about any financial responsibilities for services not covered under the scope; all of which are detailed in the service agreement. Staff interviewed were knowledgeable about the Code and reported that they supported residents to know and understand their rights.</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>The provider has current policy to guide staff in the prevention of abuse and neglect, discrimination, coercion, harassment, physical and sexual exploitation. Palliser House policies guide staff to prevent any form of discrimination, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. Interviews with residents and families/whānau confirmed that residents financial and property rights are upheld.</p> <p>Staff records sampled evidenced police checks are completed prior to all employees commencing employment. All staff at Palliser House staff are trained in and are aware of professional boundaries as evidenced in orientation documents and ongoing education records. Staff and management demonstrated an understanding of professional boundaries</p>

		<p>with residents and families/whānau stating professional boundaries are consistently maintained.</p> <p>Bi-monthly resident meetings provide a platform for voicing concerns and suggestions directly to management. Residents interviewed stated that the meetings are helpful in ensuring they are kept up to date with staff changes and what's happening within the home.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed choice and consent. Staff and management confirmed their understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making).</p> <p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and families/whānau interviewed could describe what informed consent was and knew they had a right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. Files in the secure dementia unit documented have EPOA, and activation details are on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality</p>	FA	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Complaint forms are located at the entrance and in visible places throughout the facility or on request from staff. Residents or families/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is underpinned by the guidelines set by the Health and Disability Commissioner and is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. Review of meeting minutes discussion with staff and discussion with residents confirmed resident meetings are held as per schedule.</p>

improvement.		A complaints register is maintained which includes all complaints, dates and actions taken. There has been one internal complaint received since March 2024. This was minor in nature and the facility manager had adhered to policy and process in the successful management and subsequent closing of this. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori, there is preference for face-to-face communication and to include whānau in participation.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Palliser House is owned and operated by Ultimate Care Group. The service is certified to provide rest home, dementia and hospital level care for up to 32 residents. Ten beds are dementia, and 22 are dual purpose. All beds are single occupancy. The service was verified as being suitable to provide Hospital Geriatric services.</p> <p>There was a total of 32 residents on the day of audit. This included 10 dementia level residents, 12 rest home including one resident receiving respite care, and 10 hospital level care including one on respite under Accident Compensation Corporation (ACC) funding. The permanent residents were under the age-related residential care contract (ARRC).</p> <p>Palliser House is managed by a facility manager (non-clinical) who has been in the role for 10 months but with Ultimate Care Group for 14 years. They are supported by a regional manager who provided support for this audit. The clinical services manager has been in the role for 10 months having previously held the role as team leader within the facility.</p> <p>The governance of the company is delegated through the chief executive (CE). The CE reports to the shareholders (and their advisors) on their obligations under the relevant legislation. The Ultimate Care Group promotes sustainable provision of quality aged care and associated services. The vision and values are posted in visible locations throughout the facility and are reviewed in meetings. The governing body receives progress updates on various topics, including staff and resident incidents,</p>

		<p>benchmarking, complaints, human resource matters and escalated complaints. The quality and business plan reflects links with Māori and aligns with the Ministry of Health strategies. The service has identified external and internal risks and opportunities that include addressing possible inequities, and how this will be achieved.</p> <p>There is a clinical governance structure in place that is appropriate to the size and complexity of the service provision. Clinical governance is led by the head of clinical and supported by the national clinical manager. Information is disseminated out to all facilities with information shared at handover. These discussions outline current clinical focus areas and the implementation of core values within the service. Monthly reports to the governing body reflect evidence of communicating quality and risk activities.</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 and support workers.</p>	<p>FA</p>	<p>Palliser House is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data. The facility manager and clinical services manager lead and implement the quality programme. The programme involves all staff with every staff member expected to be active in implementing a quality approach when at work and participating in the quality programme.</p> <p>The service is implementing the organisations internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any short falls. Progress against quality outcomes is evaluated. Reports are completed for each incident or accident with immediate action noted and any follow up actions(s) required, evidenced in five accident/incident forms reviewed (behaviour, unwitnessed falls, skin tears, bruising). Neurological observations were consistently recorded for unwitnessed falls or when head injury was suspected. Each event involving a resident reflected a clinical assessment and follow up by the clinical services manager or a registered nurse. Opportunities to minimise future risks are identified by the clinical services manager, or registered nurses. Families/whānau are informed following incidents. The clinical services manager collates all the data and completes a monthly and annual analysis of results. This information is captured within the reporting tool sent to the governance body. Results are discussed in staff meetings</p>

		<p>with meeting minutes displayed on staff noticeboards.</p> <p>Monthly staff, clinical/quality, and head of department meetings provide an avenue for discussions in relation to quality data; health and safety; infection control; complaints received; staff; and education. Discussion with the clinical services manager and review of documentation evidenced that the provider uses the plan, do, study, act (PDSA) framework to guide staff to implement and evaluate improvements made to service deliver The outcomes of which are shared within the appropriate staff meeting. Meeting minutes sighted evidenced that meetings are occurring as scheduled. Resident family/whānau meetings are occurring as per schedule with resident's family/whānau interviewed stating they find the meetings helpful to find out what is happening within the home and have an opportunity to give feedback.</p> <p>The 2024 resident and family/whānau satisfaction survey results were reviewed. The answers have been analysed with graphs outlining the results. The numbers of respondents to the surveys were high and results were positive with many questions answered grading the service at 80 per cent and above. A 100-day plan has been implemented to address the areas that received sub optimal responses.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and up-to-date register was reviewed. Health and safety representatives from the kitchen and maintenance have completed appropriate training to support their roles and responsibilities. Health and safety is discussed at staff meetings. Staff have completed training related to health and safety. Staff are kept informed on health and safety issues through the handover process and staff meetings.</p> <p>Discussions with the facility manager and clinical services manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Confirmation was provided that Section 31 notifications were completed for the facility and clinical services managers appointments. Additional Section 31s were completed last year when required advising of staff short falls. The information pertaining to outbreaks in 2024 was reviewed and confirmed that the outbreaks were appropriately managed, and notifications completed to the Public Health authorities.</p>
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<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>A policy is in place for determining staffing levels and skill mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The facility manager and clinical services manager work full time from Monday to Friday. The facility manager is available 24/7 for operational issues. The clinical services manager is available 24/7 for clinical issues. There have been changes made to the roster since the last audit: A successful recruitment campaign has seen a facility manager, a clinical services manager, three registered nurses, seven caregivers (taking up casual or permanent roles), a maintenance person, and domestic staff employed. A registered nurse is supported to have a “paperwork day” each week to maintain interRAI assessments, care plans and liaise with families/whānau. Review of rosters, discussion with the facility manager, clinical services manager, care staff, residents and family/whānau confirmed that registered nurses are rostered 24/7. Any planned or unplanned leave was noted to be consistently covered. The previous shortfall relating to not all shifts having a registered nurse on duty has been addressed.</p> <p>Separate cleaning and laundry staff are rostered. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs and that the management team provide good support. Residents and families/whānau members interviewed reported that they believe that staff numbers have improved and advised that they believed they were adequate.</p> <p>There is an annual education and training schedule completed for 2024-2025. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes code of rights, informed consent, challenging behaviour, Pacific values, Māori health (values, beliefs, understanding tikanga and health equity), end of life care, pressure injury, and medication management. There is an attendance register for each training session and an individual staff member record of training maintained electronically. Educational courses offered include in-services, online, and competency questionnaires. Guest speakers are arranged to deliver specialist topics to the staff which over recent months has included presentations about aged care abuse and neglect and resident rights/advocacy. There is at least one staff member on each shift with first aid training. All registered nurses have current medication competencies. All caregivers are encouraged to complete New Zealand</p>
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		<p>Qualification Authority (NZQA) qualifications. Eleven (11) caregivers have commenced their NZQA training or are due to enrol early this year, eight have level two, three have level three, and three have completed level four. Six caregivers have completed their dementia care, level four qualifications with all but the newest employees on the pathway.</p> <p>The clinical services manager and registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures and treatments medication, controlled drugs, manual handling, syringe driver and emergencies. At the time of audit, there were four registered nurses who have having completed interRAI training. A further two are in training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. 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>	FA	<p>Six staff records reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</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 registered nurses and caregivers provide a culturally safe environment to Māori. Staff interviewed confirmed the orientation programme was adequate to familiarise themselves with their role, the facility, and the organisation. Review of staff records, discussion with the facility manager and review of the staff appraisal schedule plus discussion with staff evidenced that all staff who have been employed for a year or more have a current performance appraisal on record.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p>	FA	<p>Five resident records were reviewed: two rest home, (including one respite), one dementia and two hospital. The registered nurses are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Apart from the respite resident initial assessments and long-term care plans</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>were completed for residents, detailing needs, and preferences. The individualised electronic long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCPs and interRAIs sampled had been completed within three weeks of the residents' admission to the facility. The previous shortfall relating to LTCP not completed within the timeframes has been addressed. Documented interventions and early warning signs meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Twenty-four-hour activity plans were sighted for dementia residents.</p> <p>Short term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of families/whānau involvement in care planning and documented ongoing communication of health status updates. Interviews with families/whānau and resident records evidenced they are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The initial medical assessment is undertaken by the general practitioner or nurse practitioner within the required timeframe following admission. Residents have ongoing reviews by the general or nurse practitioner within required timeframes and when their health status changes. There are two nurse practitioners who hold weekly clinics and as required. General practitioners from local medical centres support the remaining residents. Medical documentation and records reviewed were current. When interviewed the nurse practitioner was complimentary regarding the standard</p>
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		<p>of care provided. After hours care is obtained by the ambulance service and public hospital if required. A physiotherapist provides a weekly clinic. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photographs were taken when this was required. Where wounds require additional specialist input a wound nurse specialist is consulted. At the time of audit there were no pressure injuries.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records, behaviour, and repositioning charts. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift. It was noted to be comprehensive in nature.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. The clinical services manager and registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse interviewed could describe their role regarding medication administration. The service currently uses robotics packs for all regular medication and blister packs for short course and pro re nata (PRN) medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in locked cupboards in the medication</p>

		<p>room. The medication fridge and medication room temperatures are monitored, and all stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Ten medication charts were reviewed. Each chart sampled had photographic identification and allergy status identified. Indications were used were noted for PRN medications, and the effectiveness of PRN medication was consistently documented in the electronic medication system and progress notes. The previous shortfall relating to inconsistencies documenting PRN effectiveness has been addressed.</p> <p>There was one resident self-administering medications who had been appropriately assessed as being competent and had safe storage available in their rooms. The clinical services manager confirmed that process and policy was followed regarding the ongoing monitoring for safety. No vaccines are kept on site. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and families/ whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up</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>	FA	<p>The six-week seasonal menu is reviewed by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and families/whānau interviewed confirmed the kitchen team accommodate residents' requests.</p> <p>There is a verified food control plan current to 25 June 2025. The residents and families/whānau interviewed gave mixed reviews regarding the standard of the meals served. Nutritious snacks were available 24/7.</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>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident,</p>

<p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>families/whānau and other service providers to ensure continuity of care. Evidence of residents who have been referred to other specialist services such as wound care nurse specialists were sighted in the files reviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Palliser House and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's culture and supports cultural practices. The dementia unit has quiet spaces for residents and their families/whānau to utilise and is secure.</p> <p>The current building warrant of fitness expires 25 June 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are infection prevention, antimicrobial policies and procedures and the pandemic plan. The programme is linked to the quality improvement programme and is approved by the governing body. The infection control policies were developed with input from infection control specialists, and these comply with relevant legislation and accepted best practice. The infection control programme is reviewed annually.</p> <p>The clinical services manager takes overall responsibility for the implementation of the infection prevention and control programme. Along with the expertise from the Ultimate Care head office the clinical services manager advises staff on the management of infection control issues and the completion of audits. The provider can access expert advice from Healthcare New Zealand in relation to outbreak management Staff</p>

		<p>interviews confirmed that infections are managed appropriately reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection prevention related training was up to date with a high number of staff attending. Staff have received training in infection control at orientation and through ongoing education. The training includes reminders about hand hygiene and advice around ensuring residents remain in their rooms if they are unwell. Staff who were interviewed demonstrated a good understanding of infection control and prevention measures.</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>	FA	<p>The infection surveillance programme is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system and wounds is collected based on signs, symptoms and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary where infections including specific organisms are reviewed. Subsequently action plans are formulated and executed which is also analysed monthly and annually for trend identification. The infection control data captures information on ethnicity. Infection data is shared with staff in the monthly staff meetings. Meeting minutes are visible on staff noticeboards for those staff unable to attend the meetings</p> <p>The service receives regular notifications from Health New Zealand.</p> <p>The last Covid-19 outbreak was June 2024. Review of documentation, discussion with the clinical services manager and staff confirmed this was managed appropriately and reported. There was an outbreak of Norovirus in October 2024. This was responded to swiftly at the first sign of residents being affected. The outbreak was contained to one wing and was quickly resolved. The clinical services manager confirmed that process and procedure was followed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to</p>	FA	<p>Maintaining a restraint free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The regional restraint group is responsible for the Ultimate Care restraint elimination</p>

<p>improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>strategy. At time of audit the regional manager confirmed restraint is not currently used in any Ultimate Care facilities.</p> <p>The designated restraint coordinator is a registered nurse who confirmed that the service is committed to a restraint free environment. The service has effective strategies in place to maintain their no restraint stance which includes training and care planning.</p> <p>At time of the audit no residents were using any form of restraint and have not been for an extended period. Staff complete restraint minimisation training as part of their orientation and annual mandatory training schedule.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.