

The Ultimate Care Group Limited - Ultimate Care Bishop Selwyn

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 Bishop Selwyn
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 March 2025 End date: 7 March 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	48

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

Ultimate Care Bishop Selwyn provides rest home and hospital (including geriatric and medical) level care. There are a total of 78 beds in the facility. Occupancy at the time of the audit was 48 residents.

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

The facility manager is supported by a clinical manager and care staff. 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 programme is in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed one of the previous five audit findings relating to surveillance reporting. Four improvements remain ongoing relating to partnerships with Māori and Pacific communities and complaints management.

This surveillance audit identified shortfalls relating to internal audits, training and medication management.

Ō tātou motika | Our rights

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

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

There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures and service delivery. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Bishop Selwyn demonstrates their knowledge and understanding of resident's rights and ensures that 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. There is a complaints management system in place.

Hunga mahi me te hanganga | Workforce and structure

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

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

There is an implemented, well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are

regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori. The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a 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. Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

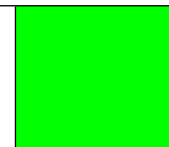
Ngā huarahi ki te oranga | Pathways to wellbeing

<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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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the general 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 and were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. All residents' transfers and referrals are coordinated with residents and families/whānau.

Te aro ki te tangata me te taiao haumarū | 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.

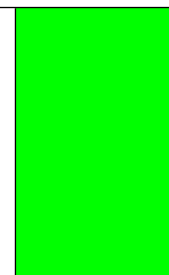


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at national clinical governance level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan. Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been four 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 restraint coordinator role is held by the clinical services manager. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	12	0	2	4	0	0
Criteria	0	44	0	2	5	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>PA Moderate</p>	<p>An Ultimate Care Group Māori health plan is documented, which the service utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The Māori health plan references cultural awareness and cultural responsiveness to Māori perspective of health. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. At the time of the audit, there were residents who identified as Māori at the facility and there were no Māori staff. Discussion with the facility manager and regional manager evidenced that a partnership is yet to be formalised with local iwi and Māori organisations. The previous audit shortfall in #1.1.5 continues.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by</p>	<p>PA Moderate</p>	<p>The organisation's Pacific Health Plan includes information on Pacific Health and refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. At the time of the audit there were no staff or residents who identified as Pasifika. Discussion with the facility manager and regional manager outlined that formal partnership is yet to be established between the facility and Pacific community groups/organisations. The previous audit shortfall in #1.2.5 continues.</p>

<p>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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager and clinical manager interviewed demonstrated how it is also given in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with four family/whānau (two hospital and two rest home level of care) and six residents (four hospital and two rest home level of care) confirmed they are informed of their rights and their choices are respected.</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>Guidelines for professional boundaries, the employment handbook, house rules and code of conduct describe procedures to protect people from abuse, discrimination, and neglect. Staff are provided orientation and ongoing training on these policies and procedures. Professional boundaries are defined in job descriptions. The house rules reflect appropriate measures to ensure resident's finance and property is respected at all times. There are processes in place to manage resident's funds. Ten staff (five caregivers, four registered nurses (RN) and one household manager) and management (one facility manager, one clinical manager and one regional manager) demonstrated an understanding of professional boundaries when interviewed.</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>FA</p>	<p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA), where this has been activated. All documentation regarding EPOA and activation is on file as needed.</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>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. 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>PA Moderate</p>	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. The Code of Health and Disability Services Consumers' Rights and complaints process is visible and available in te reo Māori and English. There is an electronic complaint register in place. There have been eleven complaints made since the previous audit, one received in 2025 year to date and ten made in 2024. Discussions with the facility manager and review of documentation evidenced that the provider has a system in place to manage complaints in accordance with Ultimate Care Group policies and procedures; however, the complaints register and process was inconsistently completed and the outcome for complaints was not consistently completed. The previous audit shortfalls in #1.8.3 and 1.8.4 both continue.</p> <p>A complaint made through Health New Zealand was investigated by the service and closed off by Health New Zealand in December 2024. There were no identified issues in respect of this complaint. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held bimonthly. The facility manager stated that they address concerns as they arise and has an open-door policy to ensure concerns are addressed in person with whānau involvement. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.</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. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all</p>	<p>FA</p>	<p>Bishop Selwyn is part of the Ultimate Care Group and is located in Christchurch. The facility provides care for up to 78 rest home and hospital (geriatric and medical level care) residents. All 78 beds are dual purpose including 15 studios. At the time of the audit there were 48 residents in total: 26 residents at rest home level of care (including two residents in the studios) and 22 at hospital level of care (including one in the studios). All residents</p>

<p>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>were on the aged related residential care (ARRC) agreement.</p> <p>The business plan FY2025 and the quality and risk plan, as well as policies and procedures, demonstrate various ways that meaningful inclusion of Māori and honouring Te Tiriti occurs in all aspects of service delivery. The organisation’s mission, vision and values are documented. Business and quality objectives include resident related objectives, such as the reduction of falls, reduce medication incidents, and overall reduction of adverse events. Staff wellness related objectives, such as staff retention and staff education are documented, as well as shareholder management and financial objectives. Service monitoring and review of organisational performance occurs monthly through service level reporting.</p> <p>The leadership team demonstrates a commitment to quality and risk management, ensuring there are no barriers, and that service delivery is fair and equitable for Māori. A key aspect of Ultimate Care Groups clinical governance is the identification and mitigation of risks to resident safety and wellbeing. This involves regular risk assessments, incident reporting mechanisms, and quality assurance processes to monitor and address any issues that may arise. All information is entered online on a monthly basis to the head office and monthly reflective reports are generated for each service. Reports include falls, wounds, pressure injuries infection, weight loss, and medication errors (as examples). The reports are presented at various meetings at the service and at governance level.</p> <p>The facility manager has been in the role since December 2024 and is supported by a clinical manager and care staff. Management are also supported by the wider Ultimate Care management team that includes a regional manager (who was present at the time of the audit). The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation. The facility manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.</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>PA Low</p>	<p>Ultimate Care Bishop Selwyn is implementing a quality and risk management programme, including performance monitoring through internal audits and collection of clinical indicator data. Internal audits are completed as per the internal audit schedule; however, not all corrective actions identified were</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>followed up or closed out. Meetings and collation of data were documented as taking place. Monthly quality/health and safety/staff meetings and RN/clinical meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; staffing and education. Three-monthly infection control and health and safety meetings are also undertaken for an in-depth review of infection control and health and safety. Four-monthly restraint meetings are also in place (the service is restraint free).</p> <p>The 2024 resident and family/whānau satisfaction survey indicated satisfactory levels of the service provided in most areas. Corrective actions have been completed around food services (meals to be served hot) and housekeeping (cleanliness of the facility). A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard and risk register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings and via additional training as needed. Electronic entries are completed for each incident/accident and immediate action is documented with any follow-up action(s) required, evidenced in the twelve accident/incident records reviewed. Incident and accident data is collated monthly and analysed. Results are discussed in the RN/clinical meeting and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by an RN.</p> <p>Discussions with the facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including reporting requirements to the Health Safety and Quality Commission. There have been seven incidents requiring Section 31 notifications to be submitted since the last audit; two notifications of change for the facility manager (December 2024) and clinical manager (November 2024) were completed. Four outbreaks have been recorded since the last audit and reported as required.</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</p>	<p>PA Low</p>	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager and clinical manager are available Monday to Friday. The facility manager is on call 24/7 for any operational related issues and the clinical manager for any clinical matters. Registered nurse cover is provided 24 hours a day, seven days a week. Staff and residents are informed when there are changes to staffing levels, as</p>

<p>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>evidenced in staff interviews. On-call cover is provided by the senior RN team. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Separate cleaning staff and laundry staff are employed seven days a week.</p> <p>There is an annual education and training schedule completed for 2024 and is being implemented for 2025. The education and training schedule lists compulsory training and is available through online training and face to face training. Training records documented low attendance for care staff for a number of compulsory training requirements including Code of Rights; privacy/dignity; spirituality/counselling; the aging process; death/dying; end of life care; continence management; safe food handling; and restraint. External training opportunities for care staff include training through Health New Zealand and hospice.</p> <p>Caregivers are encouraged to attain Careerforce New Zealand Qualifications Authority (NZQA) training levels in Health and Wellbeing. Twenty-three of thirty caregivers have attained a level three NZQA qualification or higher. All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) hand hygiene, moving and handling, and correct use of personal protective equipment. Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are six RNs and one enrolled nurse (EN), with four of them being interRAI trained. Registered nurses are supported to maintain their professional competency.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and</p>	<p>FA</p>	<p>Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes 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 RNs and caregivers to provide a culturally safe environment for Māori. All staff who</p>

services.		have been employed for a year or more, have a current performance appraisal on file.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Five resident files were reviewed: three hospital level and two rest home level residents. The RNs are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments. All residents had an interRAI assessment, in addition to a full suite of assessments completed on the electronic resident management system, which incorporate skin integrity, pressure injury risk, dietary requirements, communication needs, emotional, psychological, and behavioural support needs.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed, with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions meet the residents' assessed needs and are sufficiently detailed to provide 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.</p> <p>Short-term care plans are developed for acute problems, for example infections and wounds. 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 RN. 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 an RN and include the degree of achievement towards meeting 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 family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau</p>

		<p>interviews and resident records evidenced that family/whānau 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 (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits twice weekly and as required. The GP practice also provides on call for the facility out of hours. Medical documentation and records reviewed were current. The GP was interviewed and was complimentary of the service provided. A physiotherapist visits the facility weekly and on request to review residents referred by the RNs. There is access to a continence specialist as required. A podiatrist visits regularly. The dietitian, speech language therapist, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products were 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. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were nine pressure injuries (including six non-facility acquired unstageable, and three stage II facility-acquired pressure injuries) and seven residents with minor wounds, such as small skin tears or lesions.</p> <p>The progress notes are recorded and maintained in the integrated clinical 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 (but are not limited to) monthly blood pressure and weight monitoring, bowel records and repositioning records. 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 handover at the beginning of their shift.</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 Moderate</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. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The RNs and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses an electronic medication management system, and pre-packaged medication sachets. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly and have a six-monthly pharmacy check; however, eyedrops are not always dated on opening or discarded in accordance with manufacturer's instructions.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications; however, policy and procedures facilitate assessment for competence and safe storage should this be required. No standing orders are used. There was documented evidence in the clinical files that residents and family/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 on.</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</p>	<p>FA</p>	<p>Food preferences and cultural preferences are encompassed into the menu. The cook reported providing boil ups, mussels, and hangi for Māori residents on a regular basis. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The household manager is the main cook and when interviewed, reported they accommodate</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>residents' requests. There is a verified food control plan, expiring in June 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</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 (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The current building warrant of fitness expires 1 July 2025. There is a maintenance request book for repairs located at the front desk. This is checked daily and signed off when repairs have been completed. 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 a 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</p>	FA	<p>There is an infection, prevention, and antimicrobial programme and procedure that has been developed by the clinical team at head office. The infection</p>

<p>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>prevention and antimicrobial programme is reviewed annually and is linked to the quality and business plan. The Ultimate Care Group clinical operations group involve staff at site level in the review of policies and procedures. The infection control nurse has input when policies and procedures are reviewed.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): infection prevention and control including standard precautions; isolation procedures; hand washing competencies; donning and doffing personal protective equipment (PPE); monitoring of antimicrobial medication; cultural safety; aseptic technique, and transmission-based precautions.</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 infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. The previous audit shortfall (5.4.3) has been addressed. Infection control surveillance is discussed at clinical, quality and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern.</p> <p>Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand. Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI).</p> <p>There have been four outbreaks (influenza, gastroenteritis, respiratory and skin) documented since the previous audit, year to date. These were well documented and managed according to policy. The staff interviewed were knowledgeable around isolation and outbreak procedures. Residents and family/whānau were kept well informed during the outbreak.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, there were no residents utilising restraint. There are detailed assessments, an approval process, and monitoring requirements available should these be required. Restraint elimination is included as part of the mandatory training plan and orientation programme.</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 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p>	PA Moderate	Discussion with the facility manager and regional manager evidenced that a partnership is yet to be formalised with local iwi and Māori organisations.	The facility is yet to develop a formal partnership with iwi and Māori organisations.	<p>The facility is to develop a formal partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning and support for Māori.</p> <p>90 days</p>
<p>Criterion 1.2.5</p> <p>My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support,</p>	PA Moderate	Discussion with the facility manager and regional manager outlined that formal partnership is yet to be established between the facility and Pacific community groups/organisations.	The facility is yet to develop a formal partnership with Pacific community groups/organisations.	The facility is to develop a formal relationship with Pacific community groups/organisations to enable better planning, support, interventions, and evaluation of the health and wellbeing of Pacific peoples.

interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.				90 days
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Moderate	Discussion with the facility manager and review of documentation evidenced that the provider has a system in place to manage complaints in accordance with Ultimate Care Group policies and procedures; however, this was inconsistently completed.	The complaints register and process was inconsistently completed.	<p>Ensure that the complaints management system is consistently followed as per the organisation policy and procedure.</p> <p>60 days</p>
<p>Criterion 1.8.4</p> <p>I am informed of the findings of my complaint.</p>	PA Moderate	Discussion with the facility manager and review of documentation evidenced that the provider has a system in place to manage complaints in accordance with Ultimate Care Group policies and procedures; however, evidence that the complainant had been informed of the outcome was not always available.	The outcome for complaints was not consistently completed.	<p>Ensure that all complaints are completed as per policy and procedure.</p> <p>60 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	Ultimate Care Bishop Selwyn is implementing a quality and risk management programme, including performance monitoring through internal audits and collection of clinical indicator data. Internal audits are completed as per the internal audit schedule; however, not all corrective actions were evidenced as being entered onto the electronic system followed up or closed out.	Twenty-eight internal audits were reviewed, with twenty requiring corrective actions. Twelve of those corrective actions were not evidenced as being followed up or closed out.	<p>Ensure that all corrective actions are evidenced as being followed up and closed out.</p> <p>90 days</p>

<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	<p>PA Low</p>	<p>There is an annual education and training schedule completed for 2024 and is being implemented for 2025. The education and training schedule lists compulsory training and is available through online training and face to face training. Training records document low attendance for care staff for a number of compulsory training requirements.</p>	<p>Training records documented low attendance for care staff for a number of compulsory training requirements, including Code of Rights; privacy/dignity; spirituality/counselling; the aging process; death/dying; end of life care; continence management; safe food handling; and restraint.</p>	<p>Ensure that care staff attend and complete all compulsory training requirements.</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>	<p>PA Moderate</p>	<p>There are a suite of comprehensive medication policies which align with current legislation. All medications are stored securely and the temperatures of medication rooms are recorded and found to be within recommended ranges. Drug checks are recorded as occurring as scheduled; however, not all eyedrops were dated or within expiry dates.</p>	<p>i). Two eyedrops in the medication trollies were dated and in current use past the manufacturer's recommended expiry dates.</p> <p>ii). One eyedrop in the trolley and in current use was not dated on opening.</p>	<p>i-ii). Ensure eyedrops are dated on opening and discarded as per manufacturer's instructions.</p> <p>60 days</p>

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.