

Melody Enterprises Limited - Ultimate Care Rhapsody

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity:	Melody Enterprises Limited
Premises audited:	Ultimate Care Rhapsody
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 March 2025 End date: 13 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:	63

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are service partially attained and of low risk

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

General overview of the audit

Ultimate Care Rhapsody (Rhapsody) provides hospital (geriatric and medical) and rest home level of care for up to 70 residents. At the time of the audit there were 63 residents.

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

A facility manager oversees the day-to-day operations of the facility. They are supported by a clinical services manager. There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified shortfalls related to complaints documentation; the implementation of the quality programme; staff recruitment documentation; integration of notes; care plan timeframes; care plan interventions; medication management; fire safety and emergency management; and the provision of a generator.

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 are partially attained and of low risk.

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

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

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

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

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

Ultimate Care Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager is supported by a clinical services manager and oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational objectives, which are reviewed on a regular basis. Rhapsody has a well-documented quality and risk management system. Rhapsody collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation, and staff training and development.

There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te 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 are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to or on entry to the service. The clinical services manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and

goals, with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files demonstrated general practitioner reviews and visiting allied health professionals' input.

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

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

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

Discharge and transfers are coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with access to the outdoors, seating, and shade. There are communal toilets/shower rooms with privacy signs. Rooms are personalised. Documented systems are in place for essential, emergency and security services.

Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service are fully attained.
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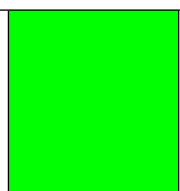
Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and has resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

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

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment and infection control practices. There have been two outbreaks documented since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	5	2	0	0
Criteria	0	158	0	6	4	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Ultimate Care Group Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Whakamaua: Māori Health Action Plan 2020-2025 forms the foundation of the document. The service currently has both residents and staff who identify as Māori. Rhapsody is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plan.</p> <p>The facility manager (FM), the clinical services manager (CSM) and the regional manager (RM) confirmed that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. Māori staff interviewed confirmed they were supported when they applied to join the service and receive ongoing support for learning opportunities and career development. The Māori health plan documents the commitment of Ultimate Care Group to build cultural capabilities, partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The FM, CSM, RM and Māori adviser described how at a local level, they have established relationships with the Māori community.</p> <p>Residents and family/whānau are involved in providing input into the</p>

		resident's care planning, their activities, and their dietary needs. Eight care staff interviewed (three registered nurses (RN), four caregivers, and one activity coordinator) described how they provide equitable services to Māori.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Ultimate Care Group has a policy on Māori and Pacific Peoples' Health, which notes the Pacific worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents. There is a cultural safety policy that aims to uphold the cultural principles of all residents. There are both residents and staff that identify as Pasifika. The service has established links with Pacific organisations through their Pacific staff. Staff have been introduced to the Fonofale model.</p> <p>On admission all residents state their ethnicity. Staff interviewed confirmed that resident's whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service, and recognition of cultural needs. The clinical services manager (CSM) interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected. This was evident through the cultural training provided to staff.</p> <p>Pacific services information is available through the community links of their Pacific staff. Code of Rights is accessible in Tongan and Samoan when required. The facility manager (FM) described how Rhapsody increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with staff members (eight care staff, one head cook, the Māori advisor, one maintenance person and one laundry person) three managers (FM, CSM, RM,) and documentation reviewed identified that the service provides person-centred care in line with the organisation's resident led philosophy.</p>
Subsection 1.3: My rights during service delivery	FA	Enduring power of attorney (EPOA), family/whānau, or the resident's representative of choice, are consulted in the assessment process to

<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>determine residents' wishes and support needs when required. Staff have completed cultural training, which includes Māori rights and health equity. Māori mana motuhake is recognised for all residents residing in the facility, by involving residents in care planning. Care plans evidence resident focussed goals, with interventions to support residents to make choices around all aspects of their lives.</p> <p>Details relating to the Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The CSM or FM discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly residents' meetings. Residents /whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented, and Church services are held. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services, complaints management and informed consent. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The implemented annual training plan provides training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency.</p>

		<p>It was observed that residents are treated with dignity and respect. Annual satisfaction surveys confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Care plans had documented interventions for staff to follow, to support and respect their time together. The service has implemented a process where a laminated sign 'care in progress' is posted on the door of the resident's room.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A policy relating to spirituality and counselling is in place.</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>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi, to ensure wellbeing outcomes for Māori are prioritised. The Māori health plan reflects cultural strategies that include a goal to understand the impact of institutional, interpersonal, and internalised racism on resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. A discrimination, coercion, harassment, and financial exploitation policy is being implemented.</p> <p>Cultural days are held to celebrate diversity, and there are cultural decorations, Pasifika works and phrases, te reo Māori words and phrases posted in the facility. Staff complete code of conduct and abuse and neglect training and the education encourage reflection self-</p>

		<p>awareness and thoughtfulness within the team and foster the desire to be effective with people they come into contact with. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Abuse and neglect and advocacy information is available in English and in te reo Māori.</p> <p>The service implements a process to manage residents' funds. Professional boundaries are defined in job descriptions. Interviews with the RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The managers confirmed that the service's philosophy of 'resident led – what they want we do' is a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. A sample of accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. Caregivers interviewed could explain how they are able to communicate with language cards and the help of family/whānau.</p>

		<p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services (eg, physiotherapist, district nurse, hospice, dietitian, speech language therapist, mental health services for older adults, and pharmacist). The CSM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events or other information through regular emails, regular newsletters, and resident and family/whānau meetings. Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</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>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Eight electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as vaccines. Discussions with all staff interviewed confirmed they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated, as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p>

		<p>A policy that guides informed consent is in place, which includes the guidance on advance directives. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and RNs confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff in relation to the Code.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori health plan is available to guide on cultural responsiveness to Māori perspective of health.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>PA Low</p>	<p>There is a documented process to address concerns and complaints. The complaints procedure is provided to residents and family/whānau on entry to the service. The FM maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are not always documented and managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating. Five complaints have been logged since the last audit. There have been no external complaints. The complaints reviewed included acknowledgement, investigation, and follow up. All complaints were closed as resolved to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held quarterly where concerns can be raised. Family/whānau confirm during interview that the CSM and FM are available to listen to concerns and acts promptly on issues raised. Residents or family/whānau making a</p>

		<p>complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The CSM acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Rhapsody is part of Ultimate Care Group. The service provides rest home level and hospital level of care for up to 70 residents. All beds are dual purpose beds. There were 63 residents at the time of the audit: 43 rest home residents (including one on respite care and one younger person) and 20 at hospital level of care. All other residents were on the aged residential care contract (ARRC).</p> <p>There is a business plan (March 2024 – March 2025) in place, which links to the organisation’s vision, mission, values, and strategic direction. There are clear business goals reflective of three pillars (grow people, drive business and love residents) documented and reviewed at regular intervals.</p> <p>There is a Board of Directors. Ultimate Care Group has a well-established organisational structure, including for clinical governance that is appropriate to the size and complexity of the organisation. The governing body utilises expertise from a Māori Board member and advisor ensuring there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have had access to cultural and te reo Māori training and also had opportunities to upskill in Te Tiriti o Waitangi via other community roles and employment. Board commitment to Te Tiriti o Waitangi is documented as an agenda item in Board papers and regularly reviewed and approved by their Māori representative. The Māori health plan supports outcomes to achieve equity for Māori and addressing barriers for Māori.</p> <p>The executive team oversees the implementation of the business strategy and the day-to-day management of the Ultimate Care Group business. The Board receives progress updates on various topics, including benchmarking; escalated complaints; human resource matters; and occupancy. The FM oversees the implementation of the quality plan</p>

		<p>and reports to the regional manager. The CSM provides regular reporting to the FM and head of clinical which includes infection control, analysis of adverse events and summaries of clinical risk. Measures are then reviewed and adapted until a positive outcome, or the goal is achieved. The working practices at Rhapsody are holistic in nature, inclusive of cultural identity and spirituality, and respect the connection to family/whānau and the wider community, to improve health outcomes for Māori and tāngata whaikaha, as evidenced through documentation review and interviews. Tāngata whaikaha have meaningful representation through monthly resident meetings, complaints management system, and annual satisfaction surveys. The management team reviews the results and provides feedback to identify barriers to care, to improve outcomes for all residents.</p> <p>The FM (non-clinical) has been in the role for two years. The FM is supported by an experienced CSM who has been in the role for 18 months. The management team is directly supported by a regional manager, and the national clinical education manager/National infection control lead. The FM and CSM have at the time of the audit completed cultural competency and a comprehensive orientation to their role, and both state they feel supported.</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>PA Low</p>	<p>Ultimate Care Group have a comprehensive and documented quality and risk management programme. The programme is not fully implemented at Rhapsody. Cultural safety is embedded and implemented within the documented quality programme and staff training. There are quality focussed goals documented and the progress are reviewed, monitored, and evaluated at meetings.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data is discussed through various meetings and opportunities are discussed to minimise risks that are identified. However, where there are corrective action plans and when meeting minutes document an action to be taken; these are not all signed off when accomplished.</p> <p>Meetings are documented as taking place as scheduled, including: two</p>

	<p>to three monthly infection control committee meetings; monthly staff meetings; six-monthly health and safety meetings; and monthly RN (clinical) meetings.</p> <p>Quality data, trends and reflection reports are posted on a quality noticeboard, located in the staffroom and nurses' station. Critical analysis of organisational practices, benchmarking and data collection occur to ensure health equity analysis.</p> <p>There are procedures to guide staff in the management of clinical and non-clinical emergencies. Policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Ultimate Care Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. All policies and procedures are reviewed regularly, and new policies or changes to a policy are communicated to staff.</p> <p>The management team have an open and transparent decision management process that includes regular staff meetings, newsletters, and residents' meetings. The resident and family/whānau satisfaction survey has been completed in 2024. High levels of satisfaction were indicated for all areas of service delivery. Improvements around food services and communication have been documented as an improvement plan and followed up and signed off.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from different areas that meets monthly. Hazard identification forms are completed, and an up-to-date hazard register were reviewed (sighted). However, issues identified as hazards have not been rectified (an example is a kerb that is a trip hazard). Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months. There is evidence that external and internal risks and opportunities are identified, but not always responded to in a timely manner.</p> <p>Electronic reports are completed for each resident incident/accident, a</p>
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		<p>severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in a sample of accident/incident forms reviewed. Opportunities to minimise future risks are identified by the CSM, in consultation with the staff. A notification and escalation matrix are available to staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Ultimate Care Group facilities and other aged care provider groups. Results are discussed in the staff meetings. Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Discussions with the FM and CSM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications.</p> <p>There has been one Section 31 notification completed since the last audit to notify HealthCERT of RN shortages (now rectified). Notification made to the Health Safety and Quality Commission (HSCQ) have included one resident with suicidal ideology, and one fall with a brain injury in 2024. In 2025, notifications have included two falls with injury, one choking incident, and one unstageable pressure injury.</p> <p>There have been two outbreaks recorded since the last audit, including two Covid-19 outbreaks (March and December 2024).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The facility manager described the Ultimate Care Group roster tool that ensures sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support for each facility. The roster tool was compared with two weeks of rosters and evidence the staff allocation within the roster is appropriate. There is a person with a first aid certificate on every shift.</p> <p>When the FM is absent, the CSM with the support from the RN carries out all the required duties under delegated authority. The FM and CSM are on site Monday to Thursday. The CSM provides on call after hours. There is 24/7 RN cover on site, and the number of caregivers is</p>

		<p>sufficient to meet the roster needs.</p> <p>Caregiver absences can be covered by staff working extra hours. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff confirmed that overall staffing is adequate; however, it is a challenge to find staff to cover weekend shifts. It was confirmed with the facility manager that weekend shifts are covered, as necessary. Staff and residents are informed when there are changes to staffing levels, evidenced in meeting minutes.</p> <p>Ultimate Care Group has a comprehensive annual training programme that includes clinical and non-clinical monthly topics that has been completed for 2024 and is being implemented for 2025.</p> <p>Clinical topics include wound management; related training; palliative care; diabetes management; falls prevention; infection control; antimicrobial usage; nutrition and hydration; ageing process; and assessment of the deteriorating adult. Staff attendance is recorded and records evidence good attendance.</p> <p>The service is implementing an environment that encourages and support cultural safe care through learning and support. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and Te Tiriti o Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint; hand hygiene; correct use of personal protective equipment; cultural safety; and moving and handling. Level four caregivers also complete medication management competency. A record of completion is maintained. Additional RN specific competencies include syringe driver, and interRAI assessment competency. Four of eight RNs are interRAI trained.</p> <p>There are 23 permanent caregivers employed across the service. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Eighteen caregivers have obtained a level three of four NZQA certificate equivalent to the New</p>
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		<p>Zealand Certificate in Health and Wellbeing,</p> <p>Staff wellness is supported by an employee assistant programme. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with the opportunity to participate and give feedback in an annual staff survey.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held securely. Eight staff files reviewed (three caregivers, three RNs, the CSM, and a housekeeper) did not all evidence implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (eg, RNs, GP, pharmacy, physiotherapy, podiatry, and dietitian). The appraisal policy is implemented. All staff that had been in employment for more than 12 months had an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs, and caregivers to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff to return to work when injured. There is an employee assistance programme implemented across all Ultimate Care Group sites which is available to all staff.</p>
Subsection 2.5: Information	PA Low	Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-

<p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider; however, not all information is available in the electronic resident files reviewed.</p> <p>Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. Organisation related documents that are not in use are securely destroyed. The FM is the privacy officer and has to approve request for health information from third parties. Health information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is an entry and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of resident files confirmed that entry to service complied with entry criteria. Eight admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The FM and CSM are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available or the potential resident would be requiring a different level of care to that offered by the service. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity</p>

		<p>data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</p> <p>The facility has developed relationships with Māori services and Rongoa Māori health practitioners.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files were reviewed: three hospital level care and five rest home level care, including one resident on respite care and one younger person with disability (YPD). Initial assessments and care plans are developed with the residents or EPOA consent; however, these have not been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include (but not limited to) dietary needs, oral health, pressure injury, falls risk, social history, and information from pre-entry assessments.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Initial interRAI assessments have been completed within three weeks of admission. For the resident on respite care, appropriate risk assessments that informed the care plan, related to (but not limited to) mobility; hygiene; dressing; pain; skin; pressure risk; dietary needs, oral health; and sleeping were not completed. The initial care plans were not always detailed to provide guidance to care staff in the delivery of care.</p> <p>Long-term care plans are holistic and individualised to meet the needs and preferences of the resident. The care plan aligns with the service's model of Te Tapa Whare Wha. Documented interventions and early warning signs meet the residents' assessed needs; however, were not detailed enough to direct comprehensive care delivery. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan.</p> <p>Interviews with the CSM and RN confirmed a Māori health care plan is completed for any residents that identified as Māori to describe the support required to meet resident's needs, as sighted in the resident</p>

	<p>files reviewed on the day of the audit. The RNs interviewed described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP); however, these have not been completed within the required timeframe following admission. Residents have been reviewed by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. However, GP notes were not always uploaded in the resident records reviewed (link 2.5.1). The service contracts a general practitioner who provide medical services and visits the facility once a week. They provide on-call cover during work hours and the registered nurses contacts paramedics and the local hospital emergency department after hours for clinical emergencies. The GP has access to the resident medication system, but clinic notes are documented in the GP practice system and sent to the facility for uploading (link 2.5.1). The GP interviewed stated that there was good communication with the service and the RNs demonstrate good assessment skills and that they were informed of concerns in a timely manner. A physiotherapist visits the facility eight hours per week and reviews residents referred by the RN. A speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, GP visits, medication changes and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photographs and wound measurements were consistently taken. There were 21 active wounds related to 16 residents. The wounds reviewed included four pressure injuries (one unstageable, one stage II and two stage I), lesions, ulcer, skin tears, and abrasions. Referrals were completed for</p>
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		<p>wound nurse specialist input as clinically indicated, with recommended plans incorporated into the wound management plans.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers, and RNs. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the RN initiates a review with the GP. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the RN has added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure were completed and were up to date. All resident incidents were evidenced as being followed up in a timely manner by the RN. Caregiver 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. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. 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 the RNs. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
Subsection 3.3: Individualised activities	FA	There are two diversional therapists who work Monday to Friday to

<p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>provide an activities programme. They are supported by a volunteer van driver and caregivers to deliver varied programmes and areas of interest for the residents during the week and on weekends. There is equipment left out for the caregivers to cover the weekends and after hours. The programme is planned monthly, and the programme is placed in large print on noticeboards in all areas and in resident rooms.</p> <p>The service facilitates opportunities to participate in te reo Māori with Māori language posters, introducing te reo Māori language in activities, participation in Māori language week, Waitangi Day celebrations, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits, and activities such as discussions, manicures and relaxation activities are offered specific to the resident needs.</p> <p>There is a large communal lounge where group activities and entertainment for the residents is facilitated. There are themed monthly activities set out for the year. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list and level of participation is maintained for activities, entertainment, and outings.</p> <p>Activities include (but are not limited to) exercises; baking demonstrations; crafts; games; quizzes; entertainers; crosswords; gardening; board gaming; hand pampering; happy hour; and bingo. There are regular van drives scheduled for outings and visits to shops and cafes. There is a monthly interdenominational church service and a chaplain visits weekly. There are visits from pet therapy, school groups, Kapa Haka groups, and kindergarten kids.</p> <p>There are regular resident meetings, with family/whānau welcome to attend these. Residents can provide an opportunity to provide feedback on activities at resident meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The RNs have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses, and caregivers interviewed could describe their role regarding medication administration. Rhapsody currently uses an electronic medication system and robotic packaging for regular medicines and blister packs for short course medicines and ‘as required’ medicines. 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 the facility medication area and locked trollies. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that whilst the fridge temperatures were within acceptable ranges, the room temperatures were not consistently documented, as there were temperatures out of the recommended ranges with no corrective actions documented. There is no system to regularly check all stored medications in stock. Eyedrops and creams have been dated on opening but not discarded on expiry. Controlled drugs are stored appropriately with weekly stock checks not occurring as scheduled. Documentation in the controlled drug register does not evidence two signatures at all times. The six-monthly controlled drug physical check and reconciliation have been completed as scheduled.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There was one resident self-administering medications. Competency assessments and reviews were completed. Medication competent caregivers and registered nurses sign when the medication has been administered. “As required” medications are administered as prescribed; however, effectiveness was not always documented in the electronic system or progress notes. There are no</p>

		<p>vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The CSM and RNs described how they work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 27 June 2025. The six-weekly seasonal menu has been reviewed by the Ultimate Care dietitian (approved October 2024). There is a full-time head cook who works Sunday to Thursday, a second cook for Friday and Saturday, a casual cook, and a team of kitchen assistants who work morning and afternoon shifts.</p> <p>There is a food services manual available in the kitchen. The head cook receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements or residents with weight loss. The head cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The daily menu is written on noticeboards in the dining rooms. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented.</p> <p>The head cook and cooks complete a daily diary which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are served from bain-marie by the cooks to the residents in the main dining room; served from the bain marie by caregivers for residents in the other dining room and delivered covered to those residents in the rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating</p>

		<p>as required. Food services staff have all completed food safety and hygiene courses.</p> <p>The head cook and caregivers interviewed understood tikanga including concepts of tapu and noa. The head cook advised that they provide food for the cultural themed days in line with the theme, as observed on the day of the audit where the facility's cultural advisor and their whānau came and prepared a hangi for the residents for lunch. The head cook stated they accommodate any requests from residents within reason. The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident discharge or transfer policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau and residents are involved for all discharges or transfers to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The CSM explained that the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely</p>	FA	<p>The building holds a current warrant of fitness, which expires 21 June 2026. The building is well maintained. There is a maintenance person who has been in the role for three years and works 32 hours across four days each week. The service contracts a gardener who visits weekly to maintain the outdoor gardens. Requests for maintenance are entered on the electronic system; this is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available as required. Medical equipment including (but not limited to) hoists and scales were checked and calibrated and are next due in March 2026. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade and can be accessed by residents, with the exception of two fire exits and outdoor space at the back of the facility (link 4.2.2).</p> <p>The facility is divided into two wings (Ngamotu with mostly rest home level care residents and Pouakai with a similar mix of rest home and hospital level care residents), all with dual purpose rooms. There are three double rooms suitable for couples; with two in use at the time of the audit. All but four rooms in Ngamotu have ensuites and a further ten in Pouakai also have ensuites. All the other rooms have hand basins and accessible communal showers and toilet facilities. There are sufficient communal bathrooms/showers within the facility, with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Toilet door labels are written in both English and te reo Māori.</p> <p>Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. All the rooms allow residents to mobilise safely around their personal space and bed area with mobility aids and have sufficient space to facilitate the use of a hoist.</p> <p>There are dining rooms and lounges at each end of the facility and a central kitchen which is adjacent to one of the dining areas. One of the lounges close to the reception is the main activities area where group activities are facilitated. The are number of small lounges in both wings with seating. Spaces are available for residents to access with visitors for privacy if required. There is safe access to all communal areas.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is central heating system with adjusting panels in each</p>
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		<p>room across the facility. Residents interviewed stated that the environment was warm and comfortable. There is an external designated smoking area for residents, which is sheltered from the weather elements and accessible.</p> <p>The facility manager reported that if there is a planned development for the building, there would be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. However, fire exits do not support safe evacuation for residents with disability. Fire evacuation drills are held six-monthly, and the last one was completed in February 2025. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard but have not been checked monthly. In the event of a power outage, there is no on-site generator in place. There is gas for cooking, and there is adequate food supply available for each resident for a minimum of three days. There are water supplies to provide staff and residents with three litres a day, for a minimum of three days, and this includes an 8000 litre tank.</p> <p>Emergency management is included in staff orientation and is part of the annual education plan. A minimum of one person trained in first aid is on shift at all times. There are call bells in the residents' rooms, ensuites, communal toilets and showers, and lounge/dining room areas. Indicator lights are displayed above resident doors. Call bells are tested monthly. The residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered. The building is secure after hours, and staff complete security checks at night.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of the business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and AMS can be accessed through Ultimate Care Group head office, Public Health, and Health New Zealand. Infection prevention and control and AMS resources are accessible through Bug Control portal.</p> <p>There is an Ultimate Care Group meeting schedule that requires the facility infection prevention and control committee to meet quarterly. The service has meetings two to three weekly. Infection rates are collated monthly by the infection prevention and control and AMS facility lead (an RN) and are presented and discussed at the combined quality and full staff meetings. The data is also benchmarked with other Ultimate Care Group facilities by the Head of Clinical and presented to the CSM and FM. A monthly reflection report is presented to the staff at various meetings. Any significant events are managed using a collaborative approach and involve the National Clinical education manager/National Infection Prevention Lead, Head of Clinical, the GP, and the public health team. There is a documented pathway for reporting infection prevention and control and AMS issues to the Ultimate Care Group Board; significant issues including two outbreaks have been escalated to the clinical governance committee.</p> <p>The overall rate of infections at Rhapsody documents a downward trend.</p> <p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the national programme manager, in consultation with the infection prevention and control coordinators.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	<p>FA</p>	<p>The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management</p>

<p>policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Ultimate Care Group head office, in consultation with infection prevention and control and AMS facility leads. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention and control lead job description outlines the responsibility of the role relating to infection prevention and control matters and antimicrobial stewardship (AMS). The infection prevention and control lead has completed online training with Health New Zealand and completed the Bug Control modules.</p> <p>The infection prevention and control programme and AMS links to Rhapsody business plan, is approved by the clinical governance committee and reported on annually. There is an infection control committee that oversees and coordinates the infection prevention and control programme.</p> <p>The infection prevention and control lead (a RN) was interviewed and described the pandemic plan and how staff implemented the plan at the time of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention and control policies and practices. Infection prevention and control internal audits monitor the effectiveness of education and infection prevention and control practices.</p> <p>The infection prevention and control lead has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention and control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The national infection prevention lead stated there are consultation and involvement with relevant infection prevention and control personnel on site and at a national level during the design of any new building or when significant changes are proposed to an existing facility.</p> <p>The service has infection prevention information and hand hygiene</p>
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		<p>posters in te reo Māori. The infection control prevention and control lead and clinical team, works in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff interviewed understood cultural considerations related to infection prevention and control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits.</p> <p>The infection prevention and control policy states the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, closed Facebook, and emails.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Ultimate Care Group executive team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	FA	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in the infection prevention and</p>

<p>(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>control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed monthly at combined quality and full staff meetings. The service incorporates ethnicity data into surveillance methods and data captured are easily extracted. Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern, documented, and completed. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>The service receives information from Health New Zealand for any community concerns. There have been two outbreaks since the last audit (two Covid-19 outbreaks, one March 2024 and one December 2024). Debrief meetings were led by the national infection prevention lead.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is laundered on site by dedicated laundry staff every day of the week. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to</p>

		<p>cupboards on covered trolleys. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control prevention and control lead oversees the implementation of the cleaning and laundry audits.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from 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 Board of Directors is committed to maintaining a restraint-free environment. Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility had no restraints. The CSM (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) is discussed at RN meetings.</p> <p>All staff have annual restraint training. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the orientation programme as well.</p>

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 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	<p>There is a documented process to address concerns and complaints outlined in the policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The FM maintains a record of all complaints, both verbal and written, by using an electronic complaint register. While the FM was knowledgeable of the complaint process and there was evidence of acknowledgement, investigation, follow up and closure, there was</p> <p>Documentation including follow-up letters and resolution demonstrates that complaints are not always documented and managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p>	For three complaints dated from 2023 and early 2024, two do not document if the complaint has been followed up and one has no written response to the complainant for a verbal follow up.	<p>Ensure that complaints management adheres to UCG policies and complaints are documented as acknowledged, investigated, and follow-up meetings and closure letters are documented.</p> <p>60 days</p>
Criterion 2.2.2	PA Low	The quality and risk management systems include performance monitoring through	(i). Action plans are documented for issues	(i). Ensure documented action plans are followed

<p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>		<p>internal audits and through the collection of clinical indicator data. Quality data is discussed through various meetings and opportunities are discussed to minimise risks that are identified. Action plans are documented for issues raised but these have not been consistently signed of and issues raised through meeting minutes are not documented as followed up.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from different areas that meet monthly. Hazard identification forms are completed, and an up-to-date hazard register was reviewed (sighted). Identified hazards are not all documented as minimised/eliminated.</p>	<p>raised but these have not been consistently signed off and issues raised through meeting minutes are not documented as followed up.</p> <p>(ii). Issues identified as hazards have not been rectified (an example is a kerb that is a trip hazard).</p>	<p>up and signed off.</p> <p>(ii). Ensure that known hazards are documented.</p> <p>90 days</p>
<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held securely. Eight staff files reviewed (three caregivers, three RNs, the CSM, and a housekeeper) did not all evidence implementation of the recruitment process, employment contracts, police checking and completed orientation.</p>	<p>(i). Three staff files did not evidence police checking.</p> <p>(ii). One staff file did not document references on employment.</p> <p>(iii). One staff file had no documented orientation.</p>	<p>i)-iii) ensure that the staff recruitment policy is implemented.</p> <p>60 days</p>
<p>Criterion 2.5.1</p> <p>Service providers shall maintain quality records that comply with the relevant legislation, health information standards, and professional guidelines, including in terms</p>	<p>PA Low</p>	<p>Information related to the residents are retained in electronic format. There is no current practice of receiving and uploading laboratory results, letters from specialists and general practitioner notes post three monthly reviews. The lack of integration of records was evident in five of eight files reviewed.</p>	<p>Five of eight files reviewed did not have laboratory results uploaded, letters from specialist reviews and general practitioner three monthly review notes.</p>	<p>Ensure resident records are integrated.</p> <p>90 days</p>

of privacy.				
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Initial assessments and care plans are developed with the residents or EPOA consent. The individualised electronic LTCPs are developed with information gathered during the initial assessments and the interRAI assessment. However, the review of eight resident records confirmed that there was a delay in the completion of initial assessment, initial care plans and initial GP admission reviews.</p>	<p>(i). Three of eight resident files (two rest home and one hospital) did not have the initial assessments completed within 24 hours of admission.</p> <p>(ii). Two initial care plans (one rest home, one hospital) were not completed within the required timeframes.</p> <p>(iii). Three initial medical reviews (one rest home and two hospital) were not completed within the required timeframes as per the contractual requirement.</p>	<p>(i)-(iii). Ensure that initial assessments, initial care plans, and initial GP reviews are completed within the required timeframes.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p>	PA Low	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are responsible for completing assessments (including interRAI), developing resident-centred care interventions, and evaluating the care delivery six-monthly, or earlier as residents needs change.</p> <p>The outcome of assessments informs the long-term care plans with appropriate interventions to deliver care. However, interventions in long-term care plans reviewed were not detailed to provide guidance for staff in the delivery of care.</p> <p>Supplementary documentation reviewed and</p>	<p>(i)The initial care plan for the respite resident did not provide detailed interventions to guide staff in the delivery of care.</p> <p>(ii)There are no detailed interventions for the management of hypo and hyperglycaemia in three resident files reviewed (two rest home and one hospital).</p> <p>(iii)One hospital resident with Extended-Spectrum Beta-Lactamase (ESBL)</p>	<p>(i)-(iii)Ensure that there are detailed interventions to provide guidance to staff in the delivery of care needs.</p> <p>90 days</p>

<p>(d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People’s care or support plan identifies wider service integration as required.</p>		<p>interviews with resident, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents received the required care; therefore, the risk is assessed as a low risk.</p>	<p>does not have detailed interventions documented.</p>	
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. Medications were appropriately stored in the facility medication area and locked trollies. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures for the fridge were within acceptable ranges. However, the temperatures for the medication room were</p>	<p>(i)Daily medication room temperature monitoring readings have consistently been recorded as -17 degrees, with no evidence of action plans to address these since January 2025. (ii)Controlled drug checks have not completed weekly.</p>	<p>(i)Ensure accurate documentation of room temperature. (ii)-(iii)Ensure the documentation of controlled drugs meets legislative requirements. (iv)Ensure effectiveness of ‘as required’ medicines is</p>

		<p>consistently documented as -17 degrees for the months from January 2025 to date, with no evidence of action plans to address the variations. Review of the room temperature on the day of the audit confirmed it to be 18 degrees.</p> <p>Controlled drugs are stored appropriately in a locked safe within the locked medication room. The weekly stocktake has not been completed as scheduled. There were no checks done in June 2024; one to two weeks missing for the months of August, September, October, November and December 2024. There were four separate entries in the controlled drug register where there was no second signature.</p> <p>“As required” medications are administered as prescribed; however, effectiveness was not always documented in the electronic system or progress notes.</p>	<p>(iii)Four entries in controlled drug register were missing a second signature.</p> <p>(iv)The effectiveness of ‘as required’ medicines were not documented in eight of sixteen records reviewed.</p>	<p>consistently documented.</p> <p>60 days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA</p> <p>Moderate</p>	<p>There is no system to regularly check all stored medications in stock. Eyedrops and creams in the two trollies were dated on opening; however, there were three eye drops still in use post their ‘discard by’ date.</p>	<p>(i)There were three eye drops still in use post their ‘discard by’ date.</p> <p>(ii)There is no process in place for checking of stock medications.</p>	<p>(i)Ensure eye drops are discarded and returned to pharmacy post their ‘discard by’ date.</p> <p>(ii)Ensure there is a process in place.</p> <p>60 days</p>
<p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency</p>	<p>PA</p> <p>Moderate</p>	<p>Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been</p>	<p>(i)The egress for two fire exits does not support safe exit for residents with disability. Specifically, both</p>	<p>(i)Ensure fire exits that meet the safe evacuation for residents with disability.</p> <p>(ii)-(iii)Ensure that civil</p>

<p>management policies and procedures identifying and minimising related risk.</p>		<p>approved by Fire and Emergency New Zealand (December 1988). However, two fire exits that lead to the back part of the facility have a step that leads onto gravel and uneven surface. The exit and surface outdoor do not support the safe evacuation of residents with disability in an emergency.</p> <p>Emergency management plans in place to ensure health, civil defence and other emergencies are included. On interview, staff were able to describe and show where the civil defence supplies are stored. However, there is no documented records to evidence that civil defence supplies were checked in 2024. Review of the contents in the civil defence wheelie bin confirmed that some of the contents were expired in 2018 and 2019.</p>	<p>exits have a step that leads onto gravel and an uneven surface.</p> <p>(ii)There is no documented evidence of civil defence emergency supplies being checked in 2024.</p> <p>(iii)Review of the contents in the civil defence container confirmed that the contents were past their use by dates, with some having expired in 2018 and 2019.</p>	<p>defence supplies are checked as scheduled and documented.</p> <p>90 days</p>
<p>Criterion 4.2.7 Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	<p>PA Moderate</p>	<p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There is no on-site generator to provide alternative power for the facility in case of civil defence emergency. There is gas for cooking, and there is adequate food supply available for each resident, for a minimum of three days.</p>	<p>There is no on-site generator to supply alternative power for the facility in case of civil defence emergency.</p>	<p>Ensure that there is an alternative power source supply in place.</p> <p>90 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.