

The Ultimate Care Group Limited - Alden Ranburn

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	The Ultimate Care Group Limited
Premises audited:	Alden Ranburn
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 20 November 2025 End date: 21 November 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:	68

Executive summary of the audit

Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Alden Ranburn is part of the Ultimate Care Group Limited and is located in Waipu in the Whangarei District of Northland. The service provides rest home, hospital level, and dementia level of care for up to 71 residents. On the day of audit there were 68 residents.

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

There were no changes made to the service however general refurbishment is ongoing. There have been changes to management since the last audit. The facility manager is supported by a clinical services manager, a team of caregivers and registered nurses, the regional manager, and the governance body. There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no shortfalls to address from the previous audit.

This surveillance audit found areas identified for improvement related to staff education; care planning interventions, monitoring and review; and obtaining a building warrant of fitness.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

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

Staff demonstrated an understanding of resident's rights and obligations and ensures that residents are well informed in respect of these.

Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

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

Hunga mahi me te hanganga | Workforce and structure

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

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

The Alden Ranburn business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services are focused to ensure outcomes are improved for Māori.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioners, and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioners and met prescribing requirements.

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

All residents' transfers and referrals occur in a coordinated manner.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The building has a B-RAD in place. There is a planned and reactive maintenance programme in place that is adhered to. All equipment has been tested, tagged, and calibrated as scheduled.

The dementia unit is secure and provides a homelike atmosphere.


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

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

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There has been no outbreaks since the last audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is a registered nurse. There were no residents using a restraint at the time of the audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	3	0	0	0
Criteria	0	44	0	5	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the organisation. Alden Ranburn uses the plan as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. On the day of audit, there were residents and staff who identified as Māori. Discussion with the facility manager and review of documentation evidenced that the service has established formal connections with local Māori.</p> <p>Eleven staff (three registered nurse, five caregivers, one chef manager, one administrator and one maintenance person); and three managers, (facility manager, clinical services manager and the regional manager), interviewed confirmed that they have completed cultural safety training and can discuss applying the principles of Treaty of Waitangi into the support they provide.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and</p>	FA	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been created with Pasifika input. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika.</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>There were residents identifying as Pasifika during the audit. The service actively encourages and supports any staff that identifies as Pasifika during the interview process. There were no staff that identified as Pasifika at the time of the audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Organisational policies and procedures are being implemented and align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code is displayed in multiple locations in English and te reo Māori. Resident meetings provide a forum for residents to discuss any concerns.</p> <p>The residents (nine rest home) and relatives (one hospital and one dementia) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse and neglect policy is implemented. Alden Ranburn policies guide staff to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are held to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect in 2025. All residents and family/whānau interviewed confirmed that the staff are very careful in the way they handle their personal belongings.</p> <p>The service implements the protection of property and finances policy to manage residents' comfort funds, such as sundry expenses. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue.</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 to guide the informed consent process. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations, release of photographs and the use of comfort funds. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA, and activation is on file, as reviewed and available in the files of the residents residing in the dementia unit.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There have been five complaints made in 2024, and 19 complaints made in 2025. The themes of the complaints varied between food services and care delivery.</p> <p>There has been one external complaint made in May 2025 involving the National Health and Disability Advocacy Service. This was closed off in June 2025 to the satisfaction of the complainant. As part of the investigation, the service completed the required corrective actions.</p> <p>In October 2025, Health NZ received a complaint regarding care staff in the dementia unit without the required qualifications. The facility has completed a review of the concerns raised and identified recommendations that are not yet fully implemented (link 2.3.2).</p> <p>Documentation, including follow-up letters and resolution, demonstrates that</p>

		<p>complaints are being managed in accordance with guidelines set by the HDC. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services.</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/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>Alden Ranburn is situated in Waipu in the Whangarei District of Northland. The service provides care for up to 71 residents assessed as requiring hospital (geriatric and medical), rest home, and dementia level care.</p> <p>All rooms are single occupancy. There are 7 dual purpose beds; 21 dedicated hospital level care beds; 25 dedicated rest home level care beds and 18 beds in the dementia unit. On the day of the audit, there were 68 residents: 21 rest home residents; 29 residents on hospital level care (including one on a 28-day end of life [EOL]contract); and 18 residents in the dementia unit. All residents were on the Age-Related Residential Care Services Agreement (ARRC).</p> <p>There have been changes to management since the last audit. There were no changes made to the service; general refurbishment is ongoing.</p> <p>Alden is a New Zealand registered company with the executive team providing direction to the service. There is a governance structure in place that monitors compliance with legislative contractual and regulatory requirements. There is a three-year strategic plan which is split into yearly increments in the annual business plan. The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings. The regional manager confirmed that there had not been any changes to governance.</p> <p>The facility manager reports quarterly on the site-specific annual business</p>

		<p>plan. The annual business plan includes the vision, mission statement, philosophy, and measurable goals (operational objectives). The operational objectives in the Business plan are regularly reviewed. Reporting includes occupancy, finances, health, and safety; staffing; infection; complaints; quality trend and analysis; and restraint minimisation. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.</p> <p>The clinical governance committee meets monthly and is led by the head of clinical for the organisation along with the national clinical educator and infection control specialist, national clinical quality improvement advisor, and regional quality improvement advisors. The Board meets monthly and receive comprehensive reports from the head of clinical that includes reporting on quality and risk.</p> <p>The facility manager has been working at Alden Ranburn for the last eight years as an enrolled nurse and been in the role as the facility manager role for six months. The facility manager confirmed they had a comprehensive handover and have a professional development plan to equipped them further in management of an aged care facility.</p> <p>The clinical services manager (CSM) has been in the role for three years. They are supported by an administrator, a team of clinical and non-clinical staff, a regional manager, an executive team, and head office support staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Alden Ranburn has an established quality and risk management system. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been completed according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the executive team and Board. A monthly 'reflection report include reporting on occupancy, incidents, restraint, complaints medication errors, antipsychotic medication use, polypharmacy, and weight loss. Quality goals are identified, discussed at relevant meetings and action plans are documented where opportunities to improve are identified.</p> <p>Staff meetings include discussions around quality data including graphs which are benchmarked with other Alden facilities. Meeting minutes are</p>

	<p>made available to other staff who were unable to attend the meetings. Facility meetings (clinical/RN, infection control staff [including health and safety]) have been held according to schedule including residents and family/whānau meetings.</p> <p>A continuous quality register was reviewed, and evidence ongoing quality initiatives related to medical reviews. A national quality improvement initiatives include the decrease in pressure injuries. Alden Ranburn implements the requirements of three skin assessments per week for at risk residents. Progress is monitored and an overall low incidence of pressure injuries within the facility.</p> <p>Staff have completed cultural training including Te Tiriti o Waitangi to ensure all residents are cared for in a culturally sensitive way. It was confirmed that the executive team, and Board have completed cultural training. Annual resident and relative satisfaction surveys are conducted. The 2025 results have been analysed, and results were shared at meetings with residents, family/whānau and staff. A review of data evidenced positive results and comments relating to the care, food and activities provided. A corrective action related to the environment was documented and is being implemented.</p> <p>Health and safety policies are implemented and monitored through the three-monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. The national quality and assurance manager (also the head of national health and safety) oversees the national health and safety programme. The service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and the 'reflection' report. Incident data was evidenced as discussed at the appropriate facility meetings.</p> <p>Discussions with the facility manager and clinical services manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notification completed since the last audit for one registered nurse shift on night duty on a public holiday in 2025 not covered. There were appropriate risk management systems in place. The change in facility manager was appropriately notified in May 2025. Health Quality and Safety Commission (HQSC) notification was completed for one event in 2024 and nine events in</p>
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		2025. There were no outbreaks.
<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>	PA Low	<p>There is a staffing policy that describes rostering requirements. Acuity and clinical staffing ratios are described in the policy. The facility manager uses an acuity tool to establish safe staffing levels. Staffing is flexible to meet the changing needs of the residents. The roster reviewed provides sufficient coverage for the delivery of care. The facility manager and clinical services manager work full time from Monday to Friday. After hours support is provided for clinical and operational issues seven days per week. There is a registered nurse rostered on all the shifts. Vacant shifts are covered by part time staff picking up additional hours and the use of a small casual pool. The staffing overall has increased with eight new employees since the new facility manager started in their role. There were no immediate vacant shifts to be filled.</p> <p>The regional manager and the head office team provide a plan for cover that would be implemented in the absence of the facility manager or clinical services manager. The facility manager confirmed that staff turnover is variable due to the rural setting. Rosters reviewed and interviews with staff, management, residents and family/whānau confirmed that overall staffing is adequate to meet the needs of the residents. Review of the current and previous rosters and discussion with staff confirmed that planned and unplanned absences are covered. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes to staffing levels as evidence in meeting minutes reviewed.</p> <p>The operations roster reviewed (non-clinical) evidenced that separate staff are allocated to complete activities, laundry, cleaning, dining, and maintenance tasks.</p> <p>An education programme has been completed as per schedule in 2024/2025. The education plan is developed by the national clinical educator and infection control lead. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi.</p> <p>Education topics included manual handling; infection prevention; dementia delirium and depression; restraint elimination; nutrition and hydration; skin</p>

		<p>and pressure injury management; abuse and neglect; code of rights; falls prevention; chronic health conditions and the ageing process; continence management and palliative care.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-nine of 48 caregivers have completed their level three and above qualifications. The staff are supported by the regional quality improvement advisor that implements the education for the region. There is a shortfall identified around completion of training for caregivers who work in the dementia unit.</p> <p>A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; cultural safety and manual handling.</p> <p>Five of 11 registered nurses (including the clinical services manager) are interRAI trained, and one is in the progress to complete the competency. Registered nurses are supported with professional development, have completed training related to syringe driver use, palliative care management, early warning signs of sepsis and the deteriorating adult, critical thinking, and reflective practice.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Six staff records reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. 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.</p> <p>The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment to Māori. Staff interviewed confirmed the orientation programme was adequate to familiarise themselves with their role, the facility, and the organisation. A review of staff records, discussion with the facility manager, review of the</p>

		<p>staff appraisal schedule, plus discussion with staff evidenced that all staff who have been employed for a year or more, have a current performance appraisal on record.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <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. Five resident files were reviewed: one dementia level care, two rest home level care and two hospital level care including one on an EOL contract. Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent and have been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include (but not limited to) those related to nutrition, pain, transfer and mobility, skin, continence, pressure injury risk, cultural, behaviour, social history, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies. A specific cultural assessment has been implemented for all residents.</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 excluding for the resident on the EOL contract. For the resident on palliative care, specific assessment including those related to nutrition, pain, transfer and mobility, skin, continence, pressure injury risk, cultural, behaviour and social history were completed. The initial care plans were completed within the required timeframes; however, not all had provided guidance to care staff in the delivery of care. Residents in the dementia unit have a behaviour assessment and behaviour care plan completed on admission with associated risks and supports needed documented. Detailed strategies for managing/diversion of behaviours were not documented.</p> <p>Long-term care plans are holistic but did not consistently have detailed interventions to guide staff in the delivery of individualised care to meet the needs and preferences of the resident around identified medical and non-medical needs. Documented interventions and early warning signs do not always meet the residents' assessed needs. Twenty-four-hour activity plans were sighted for dementia residents. There are policies and procedures for</p>

	<p>use of short-term care plans for issues such as infections, weight loss, and wounds with sign off when resolved or moved to the long-term care plan. Short term care plans have been completed and evaluated for identified short term needs sighted in the resident records.</p> <p>Interview with the clinical services manager and registered nurses confirmed that 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 files reviewed on the day of the audit.</p> <p>The initial medical assessment is undertaken by the contracted general practitioners (GP) within the required timeframe following admission. There is documented evidence of the exemption from monthly general practitioner visits when the resident’s condition is considered stable. The service has a contract with a local medical practice that provides a team of five general practitioners who visit the facility weekly for clinics and have one virtual clinic per week. The medical practice provides on call cover after hours. The general practitioners have access to the resident records including the medication system. The general practitioner interviewed stated that there was good communication with the service and the registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. A physiotherapist visits the service once a week, and reviews residents referred by the registered nurse and general practitioners. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services including (but not limited to) psychiatrists, speech language therapist, wound care specialist, dietitian, and continence specialist nurse 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, general practitioner reviews, medication changes, and any changes to health status. However, there is no evidence of involvement of resident and family/whānau in development and review of care planning.</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. There were 16 active wounds from 13 residents. The wounds reviewed included lesions,</p>
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	<p>abrasions, and skin tears. Wounds were dressed as scheduled with clear documentation that included, assessments, photographs, management plans, and evaluations evidencing progress towards healing. Referrals were completed for 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 registered nurses. When a resident's condition alters, the registered nurse initiates a review with the general practitioner or nurse practitioner.</p> <p>Registered nurses also undertake assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is no consistent evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; and blood glucose levels. Monitoring charts have been completed as scheduled.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. 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 registered nurse. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p>
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		Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.
<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>	FA	<p>Alden Ranburn has policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of mandatory training. Registered nurses are required to complete syringe driver training, and these have been completed as sighted in the training records.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication checker competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular medicines and pottles for pro re nata (PRN) and short course medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All stored medications are checked monthly. There were no expired medicines in storage. Eyedrops and creams have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioners had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for PRN medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There was one resident self-administering medications. Competency assessment has been completed by the general practitioner and medications were securely stored in a locked drawer in the resident room as sighted on the day of the audit. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and</p>

		family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The six-week seasonal menu is reviewed by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The chef manager reported that they accommodate residents' requests.</p> <p>There is a verified current food control plan. The residents and family/whānau interviewed were complimentary regarding the standard of meals provided.</p> <p>Nutritious snacks were available 24/7.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <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>There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. Evidence of residents who have been referred to other specialist services such as wound care nurse specialists and psychiatric services were sighted in the files reviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p>	PA Low	<p>The buildings, plant, and equipment are fit for purpose at Alden Ranburn. The environment is inclusive of people's cultures and supports cultural practices. The dementia unit has quiet spaces for residents and their families/whānau to utilise and is secure.</p>

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>The is no current building warrant in place. The service has a B-RAD which was issued 1 August 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Hot water temperature records reviewed demonstrate that they have been checked as scheduled and have been within expected ranges. Essential contractors/tradespeople are available 24 hours per day as required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is infection prevention, and antimicrobial policies and procedures that includes the pandemic plan. The programme is linked to the quality improvement programme and is approved by the governing body. The infection prevention policies were developed with input from infection prevention specialists, and these comply with relevant legislation and accepted best practice. The infection prevention programme is reviewed annually.</p> <p>The clinical services manager takes overall responsibility for the implementation of the infection prevention and control programme. Along with the expertise from the Alden head office, the clinical services manager advises staff on the management of infection prevention issues and the completion of audits. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection prevention related training was up to date, with a high number of staff attending. Staff have received training in infection prevention at orientation and through ongoing education. The training includes reminders about hand hygiene and advice around ensuring residents remain in their rooms if they are unwell. Staff who were interviewed demonstrated a good understanding of infection prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p>	<p>FA</p>	<p>The infection surveillance programme is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is collected based on signs,</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>symptoms, and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections including specific organisms are reviewed. Subsequently action plans are formulated and executed, which is also analysed monthly and annually for trend identification. The infection prevention data captures information on ethnicity. The service receives regular notifications from Health New Zealand. There were no outbreaks since the last audit.</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>Maintaining a restraint free environment is the aim of the service. There is governance commitment to providing services without the use of restraint. Policies and procedures meet the requirements of the standards. The regional restraint group is responsible for Ultimate Care restraint elimination strategy.</p> <p>The designated restraint coordinator is the clinical services manager (registered nurse) who confirmed that the service is committed to a restraint free environment. At the time of the audit there were no residents using restraints and the service has been restraint free for over three years. The service has effective strategies in place to maintain their no restraint stance which includes training and care planning.</p> <p>Staff complete restraint minimisation training as part of their orientation and annual mandatory training schedule which includes training in managing challenging behaviours, including de-escalation techniques and restraint use.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>There are 17 caregivers that regularly rotate through the dementia unit. Of the 17, 13 have completed the required dementia level standards; three have been employed for more than 18 months (level four caregivers) but not yet enrolled in the dementia qualification; and one has been enrolled but has not completed the required dementia unit standards within the required timeframe.</p> <p>The regional manager confirmed that Ultimate Care Limited has a national improvement plan documented to improve the uptake and completion of the dementia standards across their facilities. There is a site for staff to register that offers a Careerforce assessor and preceptor who can</p>	Not all caregivers that regularly rotate through the dementia unit have completed the required dementia standards within the timeframe documented on the contract.	<p>Ensure the contractual requirements related to meeting the educational requirements of caregivers working in the dementia unit is met.</p> <p>90 days</p>

		<p>support staff to meet their educational requirements. A Careerforce training report reviewed, evidenced that a further 13 caregivers are enrolled to complete the required dementia standards, but these caregivers are not currently working in the dementia unit. Five of the 13 are expected to complete the training early in 2026.</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> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and</p>	PA Low	<p>The registered nurses are responsible for the development of the support plan. Assessment tools including cultural assessments were completed to identify key risk areas. The registered nurses interviewed understand their responsibility in relation to assessment and care planning. There are comprehensive policies in place related to assessment and support planning; however, not all resident care plans reviewed provided sufficient information related to assessed risks, interventions, and care planning to guide staff in the delivery of resident specific care.</p> <p>Caregivers are knowledgeable about the care needs of the residents and the families/whānau interviewed were complimentary of the care provided. Progress notes and monitoring records evidence care delivery to the residents reflective of their needs as described by staff during interviews and confirmed by residents, family/whānau interviewed.</p>	<p>(i). There are no detailed interventions in the management of a diabetic resident (including but not limited to) signs and symptoms of hypo and hyperglycaemia, management of hyperglycaemia and clear instructions on frequency of blood glucose monitoring.</p> <p>(ii). There is no behaviour care plan with detailed interventions for one dementia level care resident with behaviours of concern and requiring reassessment for a higher level of care.</p> <p>(iii). There was no initial care plan or short-term care plans in place with goals and interventions for identified risks to direct care for a hospital level care resident admitted 4 November 2025.</p>	<p>(i)-(iii). Ensure that there are detailed interventions in resident care plans as per identified risk to guide staff in the delivery of care.</p> <p>90 days</p>

<p>align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and</p>	<p>PA Low</p>	<p>Staff seek multidisciplinary input and specialist services from Health NZ as appropriate to the needs of the resident. There is evidence of referral letters and reviews from general practitioner, specialist services including (but not limited to) podiatrist, physiotherapist, psychiatrists, and wound nurse specialists. However, when changes occurred there was not always documented follow-up by the registered nurse including actions taken. Progress notes are maintained and written daily on each shift by carers. Registered nurses add to progress notes weekly and when changes occurred however this was not consistently demonstrated.</p>	<p>(i). There was no documented ongoing monitoring and assessment for one hospital resident reviewed by a podiatrist and noted to have skin breakdown on their toes.</p> <p>(ii). There is no documented action taken by staff when the blood glucose level for a resident was above reportable ranges.</p> <p>(iii). One resident recently readmitted from hospital did not have comprehensive readmission assessment and follow-up by a registered nurse.</p>	<p>(i)-(iii). Ensure that there is documented follow-up when changes occur to resident health status, with action plans clearly documented to guide staff in delivery of care.</p> <p>90 days</p>

<p>inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>				
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Low</p>	<p>Family/whānau are kept updated following general practitioner reviews when incidents occur and as and when residents are transferred to hospital. However, there is no documented evidence in four of the five resident files reviewed to demonstrate that the residents or family/whānau/EPOAs are engaged and provide input in the development and review of their individual care plans.</p> <p>Care plan evaluations have been completed as scheduled and include the degree of achievement towards meeting desired goals and outcomes.</p>	<p>Four of the five files reviewed did not demonstrate that the residents or family/whānau/EPOAs are engaged and provide input in the development and review of the individual care plans.</p>	<p>Ensure that there is documented evidence in resident files of resident and / or family/whānau/EPOA involvement in care planning.</p> <p>90 days</p>

<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>At the time of the audit there was no building warrant of fitness. The service had a B-RAD that was issued in August 2025 related to fire safety requirements. Work is underway to rectify the identified issues of concern. At the time of the audit, the service has in the last fortnight replaced the two fire doors (one leading to the hospital and the side door to the laundry) and contractors were working on the firewalls in the ceiling as indicated to bring them up to code.</p>	<p>At the time of the audit there was no current building warrant of fitness.</p>	<p>Ensure that there is a current building warrant of fitness.</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.