

Dunblane Lifecare Limited - Dunblane Lifecare

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 The DAA Group Limited, 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: Dunblane Lifecare Limited

Premises audited: Dunblane Lifecare

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 June 2024 End date: 21 June 2024

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: 71

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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Dunblane Lifecare Limited (known as Dunblane Lifecare) provides rest home, hospital and dementia care services for up to 75 residents.

The facility is owned and operated by New Zealand Aged Care Services Limited, which owns approximately 10 aged care residential facilities. The organisation is governed by a board and a clinical governance team. The service is managed by an experienced care home manager, currently supported by an acting clinical nurse manager who is contracted to this service for six months. However both are resigning in July 2024.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services standard NZS 8134:2021 and the service's contract with Health New Zealand – Te Whatu Ora Tairāwhiti (Te Whatu Ora Tairāwhiti). The audit process included review of policies and procedures, review of residents' and staff records, observations, and interviews with residents, family, staff and management, and the nurse practitioner.

The residents and families interviewed were mostly satisfied with the services provided.

Three areas of the six areas requiring improvement from the previous audit related to the organisations structure, purpose, values, scope, direction, performance and goals not being reviewed and evaluated at defined intervals, the quality and risk system did not evidence staff or resident participation in quality activities and policies and procedures did not reflect the Ngā Paerews standard have been closed out. The three remaining open relate to quality management framework and human resource management.

New areas requiring improvement were in relation to Pacific peoples’ policies and processes, training for staff on the new electronic policies and procedures, the business plan not reviewed, staffing, competencies not completed by staff, staff appraisals, interRAI assessments, medication management and infection prevention and control processes, and training for restraint management.

Ō tātou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Dunblane Lifecare Limited works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

The governing body, managers and staff are aware of the need to provide Pacific peoples with culturally safe services.

Staff understood the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code). The service has a policy on abuse and neglect, including what to do if this is suspected. The education for staff at orientation includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents’ property and finances are respected, and professional boundaries are maintained. Staff are guided by the code to ensure the environment is safe and free from any form of institutional and/or systemic racism.

Informed consent and advance directives are completed appropriately.

Complaints are resolved promptly, equitably and effectively in collaboration with all parties involved.

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 medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

There is an organisational strategic and a Dunblane Lifecare-specific business plan in place that outlines organisational goals for the service. Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals. A clinical governance structure meets the needs, scope and size of the organisation.

Quality processes and risk management are in place, with data collected to support service delivery. Weekly reporting to senior managers is occurring, with monthly reports to the board. Adverse events are recorded and analysed, with corrective actions taken where required. The organisation is aware of its requirements related to statutory and contractual reporting.

Processes are in place to develop rosters to meet the cultural and clinical needs of residents.

Human resources processes are in place to appoint, orientate, and manage staff. A systematic approach to training has been developed to support safe service delivery.

Ngā huarahi ki te ora | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed prior to entry to service to confirm the level of care required. The registered nurses are responsible for the assessment, development and evaluation of the individual lifestyle care plans. The plans are based on the residents' assessed needs and routines. Interventions were appropriate and evaluated as needed.

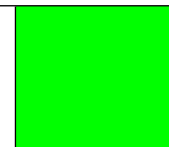
There is an electronic medicine management system in place. All medications are reviewed by the nurse practitioner or the general medical practitioner every three months. Staff involved in medication management administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes, special diets, and any allergies or food intolerances are catered for. The nutritional service operates with a current food control plan which was reviewed and displayed in the kitchen. The seasonal menu plans are reviewed by a registered dietitian every two years.

Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

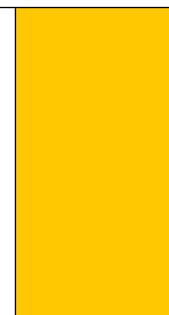


Subsections applicable to this service fully attained.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

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

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



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

An acting clinical nurse manager is currently the infection prevention coordinator. There were adequate infection prevention resources and personal protective equipment (PPE) available, and this is readily accessible to support the pandemic plan if activated. Surveillance of health care-associated infections is undertaken, and results shared with staff. Follow-up action is taken when required.

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.		Some subsections applicable to this service partially attained and of low risk.
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The governing body is committed to a restraint-free environment within its facilities. Dunblane Lifecare strives for a restraint-free environment, which they are now attaining.

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	10	0	3	5	0	0
Criteria	0	37	0	6	7	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>The chairperson of the Dunblane Lifecare board spoke of the board’s commitment to embed and enact Te Tiriti o Waitangi in all aspects of its work. A board member who identifies as Māori actively supports mana motuhake. Dunblane Lifecare has policies, procedures and processes to ensure mana motuhake is respected. The care home manager and activities coordinator identify as Māori and encourage the use of te reo Māori through signage and verbally. The activities coordinator has established linkages with local Māori community groups to support service integration, planning, equity approaches, and support for Māori. There were 31 Māori residents and 24 Māori staff at the time of audit, and those residents interviewed felt culturally safe.</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>	PA Low	<p>At the last audit, there was no Pacific plan in place to clearly define cultural safety for Pacific peoples. The chair of the board spoke of the work that has commenced to develop a facility and clinical framework to meet the needs of Pacific people within the organisation; however, this remains a work in progress. There were no Pacific people as residents during the audit.</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is present in the staff employment agreement. Education on abuse and neglect was documented on the education calendar reviewed; however, this had not been completed (refer to 2.4). Residents reported their property and finances were respected and that professional boundaries were maintained.</p> <p>The acting clinical nurse manager (ACNM) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</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</p>	<p>FA</p>	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Advance care plans were signed by residents who were</p>

<p>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>competent and able to consent. The medical decision is made by the general practitioner (GP) or nurse practitioner (NP) for residents who were unable to provide consent, in discussion with the resident and family. A name of the family/representative who has Enduring Power of Attorney (EPOA) is documented in the resident records, as applicable. A copy of the signed and dated EPOA is also kept in the individual record. This is encouraged for all residents in the dementia care service.</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>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. The service assures the process works equitably for Māori by having the Code in te reo Māori and through discussions on how to make a complaint as part of the pack given to all new residents.</p> <p>There had been few complaints received at Dunblane Lifecare, with far more compliments and thank-you cards sighted. The care home manager holds a file with all the documents related to any complaint. There had been one complaint received in 2023 and two in 2024, one of which was only a few days old. The documentation sighted for these complaints showed the process followed met the requirements of the Code and the complainants had been informed of findings following investigation.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have</p>	<p>FA</p>	<p>The owners/directors assume accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the care</p>

<p>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>home manager and the senior leadership team, with external advice sought as required. They are provided with regular reports which allows for monitoring and review. This was confirmed by the chair of the board.</p> <p>At the last audit, two areas were raised related to there being no document to ensure that the organisation’s structure, purpose, values, scope, direction, performance and goals were identified and monitored, nor was there any document which showed quality and risk structure management. Equity requirements for Māori, Pasifika and tāngata whaikaha were not being addressed at governance level. There is now a strategic plan for New Zealand Aged Care Services Limited and a Dunblane Lifecare business plan has recently been developed; those documents cover the areas identified as missing at the last audit. There is a Māori board member who is active in committing to ensuring equity and good outcomes for Māori, and there are Pasifika staff members who are assisting with the development of a Pacific people's structure (see 1.1).</p> <p>The general manager clinical and compliance works closely to support the clinical teams at each facility to provide the appropriate clinical governance for the size and scope of the service.</p> <p>The service holds contracts with Te Whatu Ora for rest home, hospital, dementia, respite and palliative care; the Accident Compensation Corporation; and with Whaikaha for younger people with a disability. There were 71 residents receiving care under these contracts, with 24 rest home, 20 dementia (two of whom were respite), and 27 hospital (two of whom were younger people with disabilities).</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</p>	<p>PA Low</p>	<p>Dunblane Lifecare has processes in place to form a quality management framework, using a risk-based approach. This includes the management of incidents and complaints. It follows the Lifecare monthly audit calendar reporting on clinical indicators, including falls, pressure injuries, skin tears, infections, medication errors and restraint. The monthly report to the general manager clinical and operations covers the clinical indicators. The manager reports weekly to the general manager clinical and operational based on a set report template covering areas of quality and risk.</p> <p>The manager has recently completed the Dunblane Lifecare 2024 business plan, which has areas of quality. The previous plan was 2022. There was</p>

<p>these systems meet the needs of people using the services and our health care and support workers.</p>		<p>no analysis of a previous plan and no data available related to this year's plan. This is an area for improvement.</p> <p>At the last audit, a new area within the standard had been rated as a moderate risk to the organisation as they did not have a risk register. The Dunblane Lifecare care home manager has developed a risk register and there is a separate health and safety hazard/risk register. These can be added to as new risks are identified.</p> <p>Policies and procedures to guide staff on safe practice were not current at the last audit. The organisation is moving to using an external company's documents, and these are being rolled out at the different facilities. Dunblane Healthcare has recently received the policies for use; however, staff have not received training on these and this remains an area for improvement.</p> <p>At the last audit there were no resident meetings, or satisfaction surveys. The care home manager provided evidence of four residents' meetings being held in 2023 and two this year to date. The minutes showed residents, including those with disabilities, and whānau, attending. There were few issues raised by those who attended the meetings. Residents and whānau spoke highly of the services being provided. No resident / whānau surveys were undertaken in 2023. This year sixty-one surveys were distributed to residents and EPOA and 21 responded; analysis shows overall satisfaction at 67.5 percent.</p> <p>Staff document adverse and near-miss events on two forms, one for staff incidents and one for resident incidents. There is a new policy on incident management which will align with the requirements of the National Adverse Events Reporting policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The manager and clinical manager understood and has complied with essential notification reporting requirements. The sample sighted related to insufficient RN cover early this year.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours</p>

<p>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>a day, seven days a week (24/7). Due to the rising number of hospital level residents, high acuity needs of residents, and to support the new RNs, a recent change has seen two RNs being rostered on mornings and afternoons. There are also health care assistants who are medication competent to assist with medications at night and in the rest home and dementia care units. The complex layout of the facility also adds to the need to ensure a high staff ratio to residents. An activities co-ordinator has commenced their diversional therapy training and has support from a diversional therapist at a sister facility.</p> <p>The facility has experienced a staffing shortage, similar to many healthcare facilities, particularly with a shortage of RNs. For a period last year, only one RN was employed. External contracted RNs from out of the area came to the facility in January to provide support. One of them was interRAI trained. Further interRAI RNs were contracted to complete residents' interRAI assessments, but presently there are no interRAI trained RNs on staff (see criteria 3.2.5). Recruitment has seen a buildup of RNs from December last year to 7 RNs presently, one having recently completed their competency assessment programme (CAP). All the RNs are international qualified nurses (IQN). Staff, including the RNs, have been strongly supported to build what is now a strong supportive culture, by the care home manager and the clinical nurse manager. There was evidence that the care home manager and clinical nurse manager are undertaking care tasks, and this was impacting on their ability to complete their management tasks. Staff are taking on extra duties to cover roster gaps and fill in for sick leave. Staff, residents and whānau interviewed confirmed staffing issues. Both the care home manager and clinical nurse manager leave the organisation in July. The general manager clinical and operations has a plan on how the managers' positions will be filled. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital on morning and afternoon duties. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported they did not feel they adequately completed the work allocated to them on a consistent basis. This is an area for improvement.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, was in place to ensure services are delivered to meet the needs of residents.</p>
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		<p>Continuing education is planned on an annual basis, including mandatory competencies/training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed could not demonstrate completion of the required training and competency assessments. There was no RN who has completed interRAI training. This is an area for improvement.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Staff working in the dementia care area had completed the required education. Data provided showed that of the 36 health care assistants, 15 had Level 2 NZQA and were working on other levels, 6 had Level 3 and 15 had completed Level 4.</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>PA Moderate</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. At the last audit, reference checking was not seen in all files reviewed. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable), visas, were being undertaken. However, not all had evidence of these occurring, and this remains an area for improvement.</p> <p>Induction and orientation processes are in place, with workbooks to be completed and returned to the care home manager to be filed in their personnel files. At the last audit, not all staff had undertaken an orientation process. Not all new staff orientation workbooks have been completed and filed in their personnel files; this remains an area for improvement. Staff reported variable degrees of confidence in their orientation preparing them for their role.</p> <p>Opportunities to discuss and review performance are to occur at three months and six months following appointment, and yearly thereafter, although not all staff have had an annual appraisal. The care home manager has plans to complete these. Copies of completed appraisals were not sighted in staff personnel files, but the care home manager had those completed in a box for filing.</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 Moderate</p>	<p>A total of nine residents' records were reviewed. The local Needs Assessment and Service Coordination (NASC) agency confirmed the levels of care required, and these were sighted in all the records reviewed. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by the nursing and care staff. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/ EPOA. Nutritional profiles for each resident were completed as part of the admission process. This was a corrective action from the previous audit that has been closed out.</p> <p>InterRAI assessments were not current (eight are overdue), as evident on the database and interRAI schedule reviewed (3.2.5). This was a corrective action at the last audit which remains open. Residents' records sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner (this was an area of improvement identified at the previous audit which has been closed out) as all records reviewed had initial assessments completed. Long-term care plans were also developed, and routine six-monthly evaluations after the interRAI was completed ensured that assessments reflected the residents' daily care needs. Some of the care plans reviewed were not updated, as the interRAI assessments had not been completed and/or when changes in the individual resident's condition changed (3.2.5) the care plans are not updated. The resident and family/whānau are encouraged to have input into the care planning process. Residents in the dementia unit had a 24-hour activities care plan in place. Behaviour management plans identifying any triggers and interventions were implemented as required.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe</p>	<p>PA Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Medications are supplied to the facility from a contracted pharmacy. The NP completes three-monthly medication reviews. Indicators for use were noted for pro re nata (PRN) medications. Not all allergies were recorded on the electronic medication records reviewed, and/or documented in the residents' clinical records. This is an area for improvement (see3.4.4). Photographs uploaded on the electronic medication management system were current. Eye drops</p>

<p>practice guidelines.</p>		<p>were dated when opened.</p> <p>Medication competencies were current, completed in the last six months and recorded by the ACNM for all staff responsible for medicine administration. Any medication incidents were addressed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of the medicine fridge and medication room temperatures were conducted daily and recorded. Any deviations were reported to the ACNM or the CHM. The ACNM completed weekly audits of the medication system.</p> <p>The registered nurses were observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment rooms and cupboards.</p> <p>There were no residents who were self-administering medicines at the time of the audit. Processes for staff to follow are in place should this be requested.</p> <p>There were no standing orders in use. Resident weights and vital signs were also recorded on the electronic medication records sighted. Two RNs have recently completed the Hospice New Zealand syringe driver competency training, which included an on-line theory and assessment and a practical assessment. Certificates were issued on 2 May 2024.</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</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked onsite. There is an approved food control plan which expires on 10 December 2024.</p> <p>Diets were modified as required, and the kitchen staff confirmed awareness of the dietary needs of the residents. The cook receives a copy of the nutritional profile for each resident, which is completed on admission by the RN. This assessment identifies any dietary requirements, likes and dislikes.</p>

<p>and wellbeing.</p>		<p>All needs and special diets are catered for. Snacks and drinks are available for residents throughout the day and night when required. The new organisation-wide menu plans were developed and implemented on 23 May 2024. These are next due for review on 23 May 2026.</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>	<p>FA</p>	<p>The records reviewed evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan reviewed confirmed that, when required, a referral to allied health providers was completed to ensure the safety of a resident. The yellow envelope system is used if the resident is transferred to a Te Whatu Ora service or to another facility. The SBARR communication tool is implemented. The weekend/public holidays RN referral process is displayed in the nurses' station to guide staff with the process. A NASC referral would be required if a resident transfers to another service provider.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures, appropriate for people with disabilities and comply with relevant legislation. The environment was observed to be clean and warm. There is a current building warrant of fitness, which expires on 1 December 2024.</p> <p>A maintenance person provided evidence of reactive and proactive maintenance occurring in a timely way. They follow a monthly maintenance schedule of tasks, including hot water testing. These were occurring and available in the audit folder. Where an external contractor is required, this is facilitated, such as for electrical test and tagging and bio-medical testing, and these were seen as current. There have been no changes to the building since the last audit.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>PA</p>	<p>There is an outbreak/pandemic plan in place. There are sufficient infection prevention (IP) resources, including personal protective equipment (PPE).</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>Moderate</p>	<p>The IP resources were readily accessible to support the pandemic response plan if needed. There have been no recent outbreaks. Residents and whānau are informed of applicable components as needed.</p> <p>Tikanga guidelines and Māori residents' care guidelines provide guidance on culturally safe practices in IP to acknowledge the spirit of Te Tiriti. The ACNM reported that residents who identify as Māori will be consulted on IP requirements as needed. Educational resources in te reo Māori were available. Hand washing posters in te reo Māori and English were posted around the facility.</p> <p>At audit, there was no documented infection prevention and antimicrobial stewardship programme, which had been approved by the governance body, in place (5.2.2). In addition to this, no infection prevention education for staff could be verified as no records were maintained and there was no job description available for the IP nurse (5.2.6). These areas were identified as areas of improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the infection prevention and control policies reviewed.</p> <p>Monthly surveillance data has been collated by the ACNM to identify if there are any trends or possible causative factors. Surveillance tools are used to collect the infection data. Standardised surveillance definitions are used. Currently safe processes for communicating health care-associated infections were provided as required. The interviewed residents and family expressed satisfaction with the communication provided. Ethnicity data was included in surveillance records. The ACNM reported IP in the monthly reports to the CHM.</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>PA Low</p>	<p>The chairman of the board stated the organisation has a zero-restraint philosophy and that all facilities are working toward this. The board receives a monthly report which details the number and type of restraint in use. This information comes from the clinical nurse manager in each</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>facility to the general manager clinical and operations.</p> <p>There was one resident using a lap belt at the time of the audit. Another resident had the use of bedrails, but this has ceased due to the use of other appropriate safety measures. This was confirmed by the clinical nurse manager.</p> <p>There is training on the use of restraint for staff; however, not all staff have completed this. This is an area for improvement.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.1</p> <p>My service provider shall ensure cultural safety for Pacific peoples and that their worldviews, cultural, and spiritual beliefs are embraced.</p>	PA Low	Two Dunblane Lifecare staff who work at other facilities and identify as Pasifika have been working with the general manager clinical and operations, to develop a clinical and facility framework to support residents who identify as Pasifika. It is hoped that this work will be completed within the next few months, then rolled out to the Dunblane Lifecare facilities.	There are no policies or procedures which detail how the organisation ensures cultural safety for Pacific peoples.	<p>Complete the work being undertaken and implement this within the facility to support staff with cultural safety of Pasifika.</p> <p>180 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a</p>	PA Low	Previous policies and procedures were overdue for review, as was identified at the last audit. The organisation has moved to using an external company's policies and procedures. These have	The organisation has moved to new electronic policies and procedures, which staff are yet to be given training in and become familiar with.	Training be provided for staff to ensure they have an understanding of the new policies and processes to be followed to ensure safe practice.

<p>risk-based approach to improve service delivery and care.</p>		<p>recently been introduced to Dunblane Healthcare and are available electronically and in hard copy for staff to use. However, staff are still to receive training on these and have not had time to read the hard copy and become aware of the content. This was confirmed by staff interviewed.</p>		<p>180 days</p>
<p>Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.</p>	<p>PA Low</p>	<p>There is evidence of monitoring of clinical indicators and reporting to the board on areas of concern. However, there has been no overall evaluation of the previous business plan which includes quality outcomes, and the new Dunblane Lifecare business plan has only just been introduced.</p>	<p>A new business plan has been developed; prior to this the last business plan was 2022; however, it is too recent to have evaluations of the areas within the plan undertaken.</p>	<p>Evaluation of progress against quality outcomes in the business plan occur on an ongoing basis.</p> <p>180 days</p>
<p>Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Moderate</p>	<p>The care home manager has been in the position for 19 months. The clinical nurse manager's short-term, six-month contract expires on 15 July 2024. There are no senior RNs to fill in for the clinical nurse manager. The general manager clinical and operations provided the plan to cover these positions with one senior care home manager from a different home/relieving care home manager until 26 July 2024, then the general manager clinical and operations will take on these</p>	<p>The present care home manager and clinical nurse manager are due to leave in July. The general manager clinical and operations has plans to cover these areas, which show that only one person will fill both these roles in the interim until these positions are filled.</p> <p>The numbers of staff have stabilised this year, with two RNs now rostered on am and pm shifts. However, the clinical nurse manager and care home manager continue to have to fill in on the floor for gaps in service, and when there is an increase in the high acuity of patients. There are no interRAI trained RNs presently. Rising numbers in the clinical indicators shows</p>	<p>The organisation to ensure that the manager positions have appropriate people in place to support staff and manage the facility prior to the care home manager and clinical nurse manager leaving, to ensure adequate handover.</p> <p>The number of staff employed be increased to meet the acuity of the residents.</p>

	<p>roles from 29 July 2024. The general manager clinical and operations stated that they are advertising the care home manager's position. The clinical nurse manager's position will be filled by an IQN, with a start date in early September. This will mean there will be one person filling the two manager roles.</p> <p>A sample of rosters reviewed for this year showed coverage to the required numbers was attained, with staff doing extra duties to cover gaps and sickness. The care home manager, who has New Zealand Qualification Authority (NZQA) Level 4, and the clinical nurse manager have undertaken rostered duties including weekends and nights. Those providing care reported they did not feel they adequately completed the work allocated to them. There was evidence that the care home manager and clinical nurse manager undertaking care delivery have not managed to complete some of their management tasks, such as completing orientation, appraisals and filing documents in staff and resident files.</p> <p>Residents and whānau interviewed stated that staff appeared to be stretched. It was observed during the audit that whānau and residents were</p>	<p>staffing continues to be an issue. Also observed during the audit was residents and whānau seeking staff for assistance for overly long periods.</p>	<p>60 days</p>
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		<p>seeking staff assistance for long periods of time.</p> <p>There is evidence of a rise in falls and pressure injuries in the last month.</p> <p>The facility is geographically spread out and staff travel long distances to get from one area to another, and this increases the time everything takes.</p>		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>There are mandatory competencies for all staff, and an annual training plan in place. There were few training certificates sighted in staff personnel files. The care home manager had recently commenced a spreadsheet to show each staff member's training, but this was incomplete. Staff training was occurring, including restraint, infection control and cultural training. The activities coordinator undertook the cultural training and 17 staff were recorded as attending. A sample of training attendance records showed on average 15-17 staff members attending. There was no evidence that showed all staff had completed the required competencies/training.</p> <p>There is currently no RN who is interRAI trained. Due to the</p>	<p>There are competencies which are required to be completed within three months of employment; however, there was no record showing that all RNs and HCAs had completed the required competencies. There is currently no RN who has completed interRAI training.</p>	<p>All staff are to attend training requirements and to ensure competencies are current.</p> <p>Ensure there are sufficient trained RNs to complete residents' interRAI assessments on admission and the re-assessment interRAI six-monthly as required.</p> <p>90 days</p>

		number of new RNs nationally, access to interRAI training can be difficult. One RN is close to completion, within the next few weeks; however, some residents' interRAI qualifications were overdue and others were coming up for review.		
<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>	PA Low	There are processes in place for good employment practices, and evidence of onboarding was sighted in most of the seven staff personnel files reviewed (four HCA, two RNs, and a cleaner). However, one file did not have evidence of a police check and two did not have reference checks on file. This was a finding at the previous audit and remains open.	The recruitment process reviewed in a sample of files (7) showed that one had no evidence of a police check and two had no references.	<p>Staff checks are undertaken as part of employment and copies of the documents are held in the staff member's personnel file.</p> <p>180 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Moderate	RNs and HCAs have specific orientation workbooks to complete within three months of employment. These contain competencies and observations of practice. There had been 34 new staff commence in the last six months, 21 of whom have completed workbooks. Review of a sample of the returned workbooks identified that not all the areas of the workbook had been completed, including the observation of practice.	Orientation workbooks are available for new staff; however, not all staff (21) have completed these. RNs who came onboard in December and January stated that they felt the orientation was inadequate. Due to all lack of RNs and clinical nurse leader to assist with orientation.	<p>All staff complete an orientation programme to prepare them for independent practice.</p> <p>90 days</p>

		Staff interviewed stated that the orientation process was not always completed. Due to having few RNs employed, new RNs who commenced in December and January stated that the orientation had not occurred, and others stated it was limited and they learnt as they went along. The clinical nurse manager has supported these RNs to become more competent to practice.		
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	The organisational policy requires new staff to have three-week and six-week reviews as part of orientation and then an annual appraisal. The clinical nurse manager is to undertake this process for RNs, and the care home manager for other staff. There was evidence of the annual appraisals occurring, but not the three-week and six-week reviews. Twenty-six appraisals were overdue.	Organisational policy states staff should have a three-week and six-week review after commencement, and then an annual appraisal. There was no evidence sighted of the three-week and six-week reviews occurring. Annual appraisals have commenced; however, there were 26 that were overdue.	The organisation's policy be adhered to for the three-week and six-week reviews of practice, and all staff have an annual appraisal. 180 days
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,	PA Moderate	The interRAI assessment summary was reviewed. There are currently eight interRAI assessments overdue and two residents are currently due for re-assessment interRAIs to be completed. At the time of audit there were seven registered	Remains open from the previous audit. Of the seven registered nurses employed, none are currently interRAI competent, but they have been booked for training. There are eight interRAI assessments that are overdue and two coming up for review at the time of this audit.	To ensure interRAI competent staff are available to complete the resident interRAI assessments in a timely manner. When a resident's condition changes and/or is different from expected, then changes are to be made to

<p>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>nurses employed in the last six months at this facility. However, no registered nurses who were competent to complete the required interRAI assessments.</p>	<p>There was no evidence that when progress is different from expected, changes are made to the care plan.</p>	<p>the resident's care plan, with appropriate interventions being documented.</p> <p>90 days</p>
<p>Criterion 3.4.4 A process shall be implemented to identify, record, and communicate people's</p>	<p>PA Moderate</p>	<p>The electronic medication records were reviewed with the registered nurse in attendance. In eight of eighteen medication records reviewed, the allergies section</p>	<p>Eight out of 18 medication charts did not have any allergies/sensitivities/intolerances or nil known documented on the medication chart. This was also not documented on the individual residents' clinical records.</p>	<p>To ensure the individual medication charts are updated with all relevant information, including any known allergies/sensitivities or</p>

<p>medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>		<p>was not completed. The RN understood that this is required on admission. Any allergies are also to be documented on the clinical records and this was not occurring.</p>		<p>intolerances, or nil known if discussed with the resident or family/whānau. Ensure that the clinical notes are also updated.</p> <p>90 days</p>
<p>Criterion 5.2.2 Service providers shall have a clearly defined and documented IP programme that shall be: (a) Developed by those with IP expertise; (b) Approved by the governance body; (c) Linked to the quality improvement programme; and (d) Reviewed and reported on annually.</p>	<p>PA Moderate</p>	<p>Staff were interviewed and stated that there was minimal documentation around infection prevention and the programmes were not available for this year. The ACNM has been overseeing infection prevention for the facility during the last six months, with the support of the new RNs. The infection prevention and antimicrobial programme was not able to be evidenced at audit.</p>	<p>There was no evidence of a documented infection prevention and antimicrobial stewardship programme, which had been approved by the governance body, in place. The facility business plan does not reflect or contain these areas.</p>	<p>Ensure the infection prevention and antimicrobial stewardship programme has been approved by the governance body and that the commitment to infection prevention minimisation is documented in the current and approved business plan.</p> <p>90 days</p>
<p>Criterion 5.2.6 Infection prevention education shall be provided to health care and support workers and people receiving services by a person with expertise in IP. The education shall be:</p>	<p>PA Moderate</p>	<p>The ACNM interviewed has been in the role of the infection prevention control nurse for six months, but does not have a job description for the role. Staff interviewed stated that they had had some training provided on infection prevention; however, IP education was not able to be verified by the CHM or the CNM at</p>	<p>There was no evidence of infection prevention education for staff, relevant to the aged residential care services provided, that was able to be verified. The ACNM, acting as the IP control nurse, did not have a documented job description for this role.</p>	<p>To ensure education is provided for staff at all levels of the organisation and that this education is recorded. The job description for the infection prevention and control coordinator for this complex service needs to have a job description for this role.</p>

<p>(a) Included in health care and support worker orientation, with updates at defined intervals; (b) Relevant to the service being provided.</p>		<p>the time of the audit.</p>		<p>90 days</p>
<p>Criterion 6.1.6 Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.</p>	<p>PA Low</p>	<p>Restraint minimisation is part of the orientation workbook and there is ongoing training. Three RN orientation workbooks and one HCA confirmed restraint had been ticked as completed. The annual training plan includes restraint. The care home manager has commenced a spreadsheet of training; however, this was not complete. There was no evidence available at audit to ensure all staff had completed restraint training.</p>	<p>There is training listed related to restraint, but there was no evidence that all staff have undertaken this training.</p>	<p>Ensure all staff undertake restraint training, and this is to be recorded and available to senior managers. 180 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.