

# Dunblane Lifecare Limited - Dunblane Lifecare

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## Introduction

This report records the results of a Partial Provisional 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: 14 November 2024 End date: 14 November 2024

**Proposed changes to current services (if any):** This partial provisional audit was to verify three new beds which are newly built. There are currently 21 dementia beds, and with the three new beds this will increase the number to 24 total dementia care beds.

**Total beds occupied across all premises included in the audit on the first day of the audit: 73**



# Executive summary of the audit

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## 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.

## General overview of the audit

Dunblane Lifecare Limited (Dunblane Lifecare) is part of the New Zealand Aged Care Services and was purchased in May 2021. The service provides rest home, hospital and dementia care services for up to 75 residents. On the day of the audit, the occupancy was 73.

This partial provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The service has an agreement with Health New Zealand – Te Whatu Ora Tairāwhiti (Te Whatu Ora Tairāwhiti) for the services provided. The audit process included the review of documents, observations, and interviews with the care home management team and other staff. A walk-through of the care home was included. This partial provisional audit assessed the provider's preparedness to increase the dementia care service by seven beds in Orchard Wing and three newly built beds/rooms. This will bring the total dementia care beds to 24 and the total beds to 78.

Eight areas have been identified for resolution, relating to the business plan, education, activities, three for a safe environment, and three for infection prevention and control.

## **Ō tātou motika | Our rights**

Not applicable to this audit.

## **Hunga mahi me te hanganga | Workforce and structure**

The business plan is developed but has not been signed off by the governance group. There are processes in place to monitor the service and report key aspects to the general manager clinical and quality. An experienced registered nurse has been appointed to the clinical nurse leader role and is well supported by the care home and village manager, who is also new to the role. The current acting care home and village manager has orientated both managers to their respective roles.

Cultural competences and the principles of Te Tiriti o Waitangi are fully embedded throughout the organisation.

The recruitment of staff is based on good practice. Orientation and training have been provided to all new staff. The rosters are developed and includes registered nurses on all shifts. All registered nurses and other key staff have completed first aid training. An ongoing education programme was developed that is appropriate to the services provided.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Care plans are developed and implemented to meet the needs of residents. Medications are managed safely. Comprehensive medicine management policies and procedures are in place. A contracted service provider provides pharmacy services, and an electronic medicine management programme is implemented. Medications are provided in a blister pack system. Any medication errors are reported as part of the incident management process. All staff who administer medicines have completed the training required.

The existing food control plan is current and food safety policy continue to be used. The menu has been reviewed and approved by a dietitian two yearly. Processes are in place to identify individual residents' dietary needs and preferences.

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

The facility is large and has 75 single occupancy rooms. The three newly built rooms in the dementia care service are near completion. Rooms do not have ensuite, however a large bathroom and separate toilet facilities are close by to the designated rooms. Two rooms have external access to an outside garden area, which is secure and safe as part of the dementia care service.

There are designated areas for the storage of waste and chemical/hazardous substances. A hazard and hazard risk register are maintained. There is a maintenance and groundskeeping service. Laundry and cleaning duties are managed by staff employed to manage these service areas.

Appropriate emergency supplies are available, along with reference documents for use in civil and other emergencies.

A nurse call system is in place throughout the facility. However, the three new rooms still need to be connected.

Security arrangements include the use of security cameras.

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

There is a documented infection prevention and control programme which includes surveillance of infections. The programme is appropriate to the service provided on site. Antimicrobial stewardship and hospital acquired infections are monitored as part of the surveillance programme. An experienced registered nurse overseen by the clinical nurse leader is implementing the programme. Appropriate resources are available. Specialist infection prevention and control advice is accessible when needed. Staff are supported with regular education.

## Here taratahi | Restraint and seclusion

Restraint is used by two residents. All processes have been completed and meet the restraint requirements. The organisation aims for a restraint free environment and there is a commitment from governance to eliminate restraint. No restraint is currently used in the dementia care service.

### 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	9	0	4	2	0	0
Criteria	0	86	0	7	2	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 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>PA Low</p>	<p>The business plan for 2024 did not include the scope, goals and values of the organisation. The plan template approved by the general manager clinical and quality (GMC&amp;Q) has been completed and signed off by the acting care home manager but is yet to be signed off by the operations manager. This is an area identified for improvement.</p> <p>New Zealand Aged Care Services Limited owns approximately ten facilities. Dunblane Lifecare provides rest home, hospital and dementia care services. Governance consists of two directors, one general manger (GM) clinical and operations, one GM clinical and quality, a workforce development and recruitment manager and a GM finance. The roles of each board member are clearly documented in the business plan 2024 to 2025. The board meets monthly and more often as needed. The governance body ensures compliance with legislative, contractual and regulatory requirements. There are four main objectives to achieve for the coming year as documented in the business plan.</p> <p>Governance is committed to quality and risk management and a plan is documented and implemented. The outcomes and equity for tāngata whaikaha people with disabilities is consistently managed to ensure positive outcomes. Family/whānau and residents are invited and encouraged to participate in the planning, implementation, monitoring</p>

		<p>and evaluation of service delivery.</p> <p>There are processes in place to monitor the services provided and to report key aspects to the executive leadership team at support office. An experienced nurse has been recruited to manage the facility as the clinical nurse leader (six weeks in this role) and is supported by the new care home and village manager (two weeks into this role). The acting care home and village manager (CH&amp;VM) has been covering this facility for eight weeks and is leaving this role after this audit is completed. The impact of the additional dementia care beds will not impact on the leadership team.</p> <p>Dunblane Lifecare was purchased by New Zealand Aged Care Services in May 2021. The region has a high Māori population. There are thirty-four (34) residents in the home who identify as Māori. There are no barriers for Māori to access the facility, known to staff interviewed.</p> <p>There is a management reporting and governance structure in place, which includes monthly written reporting to the GMC&amp;Q and to the operations manager. Weekly care home operations reports were sighted, completed by the acting care home manager and more recently by the new CH&amp;VM. Reporting is aligned to the key business objectives and clinical indicators.</p> <p>The leadership team have engaged in ongoing professional development and regulatory body requirements and maintain their skills and competence to perform their roles and responsibilities. The organisational chart was provided and reviewed. The governance structure is appropriate for the size and nature of the service. Cultural expertise is available to the executive team. The senior managers within the organisation are supported and encouraged to work as a peer group across the organisation – building relationships and operational success within the wider group. The executive team at support office have all completed relevant training on Te Tiriti o Waitangi and are accountable for delivering high-quality services that are responsive, inclusive, and sensitive to the cultural diversity of the communities they serve.</p> <p>The service has agreements with Health New Zealand – Te Whatu Ora Tairāwhiti for the provision of rest home, hospital and dementia care. The total beds are 75, and the occupancy on the day of the audit was 73 residents: 22 rest home, 31 hospital residents (including one hospital-</p>
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		<p>level care resident under the Accident Compensation Corporation (ACC)), and 20 dementia residents. The purpose of this partial provisional audit is to verify the seven previously dual-purpose beds that have now been changed to dementia care beds in Orchard Wing, and to ensure three newly built rooms also meet the requirements for dementia care in this same wing. This will bring the total beds to 24 in the dementia care unit, and 78 for the total beds in the facility.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented rationale for determining staffing levels and skill mixes to provide safe, person-centred services. Sixty-five staff are already employed, and this is adequate to cover all areas of service delivery. There are seven registered nurses and the clinical nurse leader (CNL). No enrolled nurses are employed currently. There are 37 caregivers in total, including two caregivers employed on a casual basis. The staff employed cover 24 hours a day, seven days a week (24/7). The service is to provide care and management for up to 75 residents. With the additional three beds, this will bring the total beds for the facility to 78. When approved for the dementia service, the total beds in the dementia service will be 24. The rosters reviewed verified adequate care staff cover is already being provided in the dementia care service. The support systems promote health care and support worker wellbeing and a positive work environment. This was reported by staff interviewed.</p> <p>The acting care home and village manager has worked progressively to appoint the senior team of care home and village manager and the clinical nurse leader (CNL) in recent months. Full orientation has been provided for the CNL and, at the time of the audit, the CH&amp;VM has also recently completed orientation for the role. The CNL covers the service 24/7 by being on-call after hours. A general practitioner and nurse practitioner have been contracted to provide medical cover and services 24/7.</p> <p>The seven registered nurses are interRAI trained. The CNL is booked to complete the interRAI training and the administrator is enrolled to complete the interRAI administration training.</p> <p>The 37 caregivers have completed all competency requirements including infection prevention, restraint elimination, health and safety,</p>

	<p>cultural, and manual handling, and some Level 4 caregivers have completed medication competencies. Records were maintained of the competencies completed. Nineteen care staff have completed Level 4 training, and five have completed Level 3 training (24 in total), through relevant New Zealand Qualifications Authority (NZQA) external programmes. Thirteen caregivers are yet to be enrolled in the training programme. There were no records of dementia care training having been completed at the time of audit; however, the CH&amp;VM is negotiating with the contracted provider for the records of care staff who have completed dementia care training. This is an identified area for improvement (refer to criterion 2.3.4.).</p> <p>Non-clinical staff employed consist of two laundry staff members, four cleaners, one administrator, one diversional therapist and an activities coordinator, one maintenance person and one gardener, two cooks and six kitchen hands. For the increase in the dementia care service by three residents, the CH&amp;VM stated that the hours for the activities programme would be extended from 11 am to 5:30 pm, instead of the current 11 am to 3:30 pm each day. However, this extension would need to be approved by the operations manager (refer to area of improvement required for 3.3.1).</p> <p>All registered nurses and the maintenance person have completed first aid training. The rosters reviewed had the 'first aider' documented on the roster for each shift.</p> <p>The management team are committed to ensuring ongoing education is provided to all staff. The staff training plan was reviewed. Training on Te Tiriti and health equity has been provided to the executive team, and both the CNL and the CH&amp;VM had completed this training in their previous roles. The CH&amp;VM is Māori and speaks basic te reo and has equity expertise experience to share when and if required.</p> <p>The CNM reported open communication will be encouraged and promoted, with sharing of any relevant information about residents as needed, depending on the situation. This includes quality information and any analysis of any outcomes (e.g., maintaining ethnicity data and any Māori health advisor input if needed). The organisation has Māori health advisors available.</p>
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<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>Policies and procedures that are in line with employment practice and relevant legislation guide human resources management processes. This includes health professionals employed and contracted. A process was in place to maintain the annual practising certificates for all health professionals involved in the service, and a record is maintained annually. A pharmacy, pharmacist, general practitioner practice, podiatrist, and physiotherapist are all contracted to provide services for residents. Recruitment included a record of ethnicity and police vetting undertaken and recorded. The acting CH&amp;VM has been updating all staff records since the last audit. All staff members have job descriptions for their individual roles. A checklist was sighted in the staff records reviewed.</p> <p>No additional staff will be required to cover the three additional beds to the dementia service. The care staff reviewed on the rosters sighted verified that there will be adequate care staff on each shift The CH&amp;VM stated that the only staff increase required would be provided for the activities programme, increasing the hours by two hours each day once this is approved.</p> <p>An orientation pack is used for each discipline/role. Each covered the essential components for this aged care service. Staff interviewed stated that the orientation prepared them well for their roles.</p> <p>Ethnicity data for all staff was recorded in accordance with the Health Information Standards Organisation (HISO) requirements. The administrator maintains a copy of the ethnicities of both residents and staff. Personal staff records are stored securely, and confidentiality was maintained.</p> <p>The acting care home manager has completed the non-clinical staff members annual appraisals and the clinical staff files reviewed had mostly had performance appraisals completed. The new clinical nurse has already developed a plan to complete annual appraisals in a timely manner.</p> <p>No incidents involving residents/or staff have occurred since the previous audit, therefore debriefing and discussion have not been required for individual staff. There was an understanding of the need for debriefing, as required, by the managers interviewed.</p>
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<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Care plans were reviewed to ensure that a planned review of each person's care plan was completed regularly, and that the care plan was updated accordingly if any changes occurred. Family/whānau are notified if there are any changes in the condition of a resident and if the care plan is changed as an outcome of the reassessment process. The care plans are reviewed six-monthly after the interRAI assessments have been completed by the registered nurses. All registered nurses are now fully trained in interRAI, to complete the assessments post-admission and the reassessments every six months. The care plans are signed and dated when reviewed and updated. This was an area of improvement from the previous audit which has been followed up by Te Whatu Ora and has been addressed.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	PA Low	<p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. The new CH&amp;VM speaks basic te reo and is keen to promote this for residents. There are 34 residents who identify as Māori at this care home. Community initiatives meet the needs of Māori. Those interviewed confirmed they find the programme meets their needs. Currently there is one diversional therapist who works full time Monday to Friday and an activities co-ordinator works 11am until 3.30pm in the dementia care service. This is an area identified for improvement (refer to 3.3.1).</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>	FA	<p>The medication management policy is in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p>

<p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Medication reconciliation occurs. All medications sighted were blister packed and any stock medicines were within current use-by dates.</p> <p>Medicines are stored safely in a locked medication room and storage was within the recommended temperature range. There is a process for checking controlled drugs weekly with two registered nurses. The contracted pharmacist checks the stock supplies regularly and this is recorded every six months.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded on the records reviewed and on the clinical records (this was an area of improvement identified in the previous audit which has been addressed (3.4.4)). Any adverse events are responded to appropriately. Over-the-counter medication and supplements are considered by the GP or the nurse practitioner (NP) as part of the resident's medication. The required three-monthly GP/NP review was consistently recorded on the electronic medication chart. Standing orders are not used currently.</p> <p>Self-administration of medication when authorised by the GP/NP is managed safely as per the process documented to guide staff. No residents were observed to be self-administering medicines at the time of audit. Residents, including Māori residents and their whānau, are well supported to understand their medications.</p> <p>There is a locked medication trolley used in the dementia care service. The medication/treatment room is situated in the hospital/rest home service area and is locked. The medication room can be accessed only by authorised staff. No controlled drugs are stored in the dementia care service.</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</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at the time have been implemented. The roll out date for the summer menu reviewed is 14 October 2024.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and</p>

<p>hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>registration and has recently been audited to meet the Food Act 2014. The expiry date displayed was 10 December 2024.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, allergies or food sensitivities, and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori. There are 34 residents who identify as Māori, and their needs are met.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried manner and those requiring assistance had this provided with dignity.</p> <p>There is a separate large dining room in the dementia care service and a safe kitchenette for staff to use. No changes are required for the additional three beds/residents to be added to this dementia care unit.</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>PA Moderate</p>	<p>Appropriate systems are in place to ensure the physical environment and facilities are fit for purpose, well maintained and that they meet legislative requirements. The maintenance staff member was interviewed and explained the proactive maintenance programme in place. The building warrant of fitness for the total facility is displayed at reception. The expiry date is 1 December 2024. The Certificate of Public Use for the building work affecting part of the premises was dated 1 January 2025 for the Orchard wing (dementia care service) where three new single residents' rooms are near completion.</p> <p>The reason for this partial provisional audit is to verify that the seven dual purpose beds have been changed to dementia care beds in Orchard Wing and to check that the three additional newly built rooms are ready for occupancy and that they rooms are appropriate for dementia-level care residents. The three rooms are of a good size, safe, age-appropriate and have a large double cupboard for clothes and personal belongings. Two of the three new rooms open onto the garden area with an external door and another door to the hallway internally into the unit. The middle room only opens into the hallway. Each room has an external window for ventilation and there is a large wall heater in</p>

		<p>each of the three rooms. Vinyl (wood appearance) is installed on the floors for easy cleaning.</p> <p>There are adequate showers and toilets which are accessible throughout the dementia wing. The three new rooms open into the internal hallway (Orchard wing) where there is a large shower unit and toilet facilities close to these rooms. Two areas for improvement were identified (refer to criteria 4.1.2 and 4.1.4.) in relation to significant hazards being identified.</p> <p>The main wing in the dementia service, the Rose wing, has 21 rooms and 20 were occupied on the day of the audit. The additional wing will bring the total dementia-level care beds up to 24. New beds and furniture had already been purchased in readiness for the three rooms and were being stored onsite until the rooms are completed.</p> <p>In the dementia wing, there is a large dining room with a kitchenette and servery. There is a menu board to display the menu, a large television, and activities display board. The flooring is vinyl. There are entry and exit doorways, with an outside pathway and garden area for residents to enjoy. There is a large lounge with comfortable seating and another large-screen television.</p> <p>The acting care home and village manager stated that the architects sought consultation with a Māori Advisor for the co-design of the new build to ensure the aspirations and identity of Māori was reflected and met effectively.</p> <p>The biomedical equipment verification report was sighted for the facility and dated 12 September 2024 to evidence beds, hoists, mattress pumps and scales had been checked. The electrical testing is completed, some items six-monthly and others two-yearly, as per the inventory and records reviewed. The six-monthly checks are next due on 24 November 2024 and the two-yearly on 27 November 2025.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	<p>PA Low</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations.</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>Staff interviewed new what to do in an emergency. The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). The letter was dated 30 June 2015. The scheme is confirmed as an 'All Out' scheme. The fire evacuation drill was last held on 25 October 2024. A report was sighted and retained in the fire manual reviewed. The CH&amp;VM stated that no changes need to be made to the plan with the three additional rooms. Staff attendance was recorded. Emergency and security training is provided at orientation and is ongoing. The education records were reviewed and discussed with the acting CH&amp;VM.</p> <p>All seven registered nurses have completed first aid training and certificates were available. The diversional therapist and the maintenance staff have also completed first aid training. The CHM stated that the aim is to have all staff trained in first aid as availability in courses becomes available. There is a first aider on all shifts. Call bells alert staff to residents requiring assistance. The three new rooms in the dementia care service have the wiring installed but are not yet connected as required. This needs to be completed prior to occupation. (Refer 4.2.5).</p> <p>Appropriate security arrangements are in place. Since the last audit, additional closed-circuit television cameras (CCTV) have been installed both internally and externally, in order to increase security on this large site. Staff are responsible for ensuring the doors and windows are shut at a predetermined time. A contacted security company completes night checks outside the facility and village.</p> <p>There are emergency supplies available, including 20,000 litres of water, gas in the kitchen, barbecues, and two spare gas bottles in readiness, and the service has a small petrol-driven generator for clinical care. The boilers are checked weekly in the winter months. Four boilers are available for heating purposes and three boilers for hot water supplies. Civil defence and pandemic infection prevention resources are available, with good stores of personal protective equipment (PPE).</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service. IP links to the quality improvement system and are reviewed and reported</p>



<p>appropriately.  Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.  As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. The current plan includes an objective to minimise the risk of infection. No impact or changes are required for the additional three dementia care rooms.</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.  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>PA Low</p>	<p>The newly appointed infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to the governance group. The programme was currently being reviewed and had not been signed off by clinical governance (refer to 5.2.2). The IPCC has appropriate skills, experience and knowledge for the role and confirmed access to the necessary resources and support. Due to this being a new role for the registered nurse, no consultation was sought for the three new rooms built onsite in the dementia service (refer to 5.2.8). Relevant education in relation to infection prevention has not been completed by the IPCC (refer to 5.2.6).</p> <p>The infection prevention and control policies are currently being reviewed at head office; however, those available reflected the requirements of the standard and are based on current good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic plan is in place and records reviewed verified that it had been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. Single-use medical devices are used, and protocol is followed for disposal. Any shared equipment is appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines.</p>

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and nature of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p> <p>No impact or changes need to be made for the additional three dementia care rooms.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection prevention control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions.</p> <p>Resident ethnicity data was collated for all surveillance undertaken. Results of the surveillance programme are shared with staff.</p> <p>Communication between service providers, experiencing a health care-associated infection (HAI) is culturally safe. No impact or changes need to be made for the additional three dementia care rooms added.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and</p>	FA	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environment checks and monitoring programme. Staff involved have completed relevant chemical and other training for their specific roles and were seen to carry out duties safely. Chemicals were stored safely. The laundry is well managed, and the facility was clean and tidy. This was confirmed by observations No</p>

transmission of antimicrobialresistant organisms.		impact or changes need to be made for the additional three dementia care rooms added.
<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>	FA	<p>Maintaining a restraint free environment is the aim of the service. The governance group demonstrates commitment to this. At the time of the audit two restraints were in use. Any use of restraint is reported to governance. The policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural -specific interventions and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, the two restraints have been approved, and the overall use is being monitored and analysed. Whānau are involved in decision - making. Restraint elimination is encouraged by staff in the dementia care service, and this is reflected in the restraint policy reviewed.</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 2.1.2</p> <p>Governance bodies shall ensure service providers' structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>	PA Low	The business plan document has been approved by the GMC&Q and updated by the acting care home manager. The vision and values of the organisation are not documented on the template used. The acting care home manager has adapted the business plan to reflect Dunblane Lifecare and has dated and signed the document but is yet to be countersigned by the operations manager.	The 2024 business plan has been recently updated by the acting care home manager. The plan does not include the vision and values of the organisation and has not been signed off by the operations manager.	<p>To ensure the business plan includes the vision and values of the organisation and has been signed and dated by the operations manager.</p> <p>180 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record</p>	PA Moderate	The training records were reviewed and discussed with the acting CH&VM. The records of caregivers competing NZQA	There are 37 caregivers including two casual caregivers employed at Dunblane Lifecare. Twenty-four caregivers have completed	To ensure training records are accurately maintained and that the training of all care givers who currently work in the

<p>ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>		<p>training were accessible, however the records of relevant dementia care training could not be located at the time of the audit.</p>	<p>relevant New Zealand Qualifications Authority (NZQA) recognised training. No records were currently available to verify that the required dementia training has been completed for staff working in the dementia care service.</p>	<p>dementia care service can be verified.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA Low</p>	<p>There are currently two staff implementing the planned activities programme for the residents at Dunblane Lifecare. One is an experienced diversional therapist. The hours are delegated across the services as reviewed on the rosters sighted. The diversional therapist works 8am to 4.30pm daily Monday to Friday in the rest home and hospital. The diversional therapist also oversees the activities provided in the dementia care service by the coordinator. Currently there are 21 beds in the dementia care service and this partial provisional audit is to increase the beds by three to 24 beds. There are twenty residents in the dementia unit on the day of the audit.</p>	<p>The activities coordinator who is overseen by the diversional therapist, is currently employed Monday to Friday 11am to 3.30pm in the dementia care service. With an additional three residents in the dementia service the activities hours will need to be reviewed and approved by the operations manager.</p>	<p>To ensure the hours for the activity programme are adequate for the additional three residents to be admitted to the dementia care service.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be</p>	<p>PA Moderate</p>	<p>A tour of the three newly built residents' rooms was undertaken. The rooms are of a good size,</p>	<p>The two external doors to the garden of two of the new rooms, had a metal lip in the door frame</p>	<p>Ensure consultation is sought and the potential hazards are managed appropriately for the</p>

<p>safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>		<p>newly painted, light and bright. The acting CH &amp; VM and the newly appointed CHM were present on the tour. The three rooms are near completion. Some work is required in the internal hallway with painting and floor coverings. The electrical work, including adequate lighting, is functioning. The wall heaters are water filled so will create heat in the winter months. The bedroom doors to the hallway will need to be reviewed, and the significant hazards managed effectively prior to occupancy.</p>	<p>which was identified as a potential trip hazard for residents. In addition to this, the doors for all three rooms that open to the internal hallway are extremely heavy to open and close. Magnetic fastenings were present on the walls. These doors appeared to be fire doors, which would make these rooms fire cells. The plans reviewed did not verify these doors as fire doors. There was also a metal plate that runs down the right-hand door which is sharp to touch and needs to be reviewed, this was identified as a significant hazard.</p>	<p>safety of the residents. The external doors need to be verified as to whether these are fire doors or not, or whether the doors need to be changed so that residents, family/whānau and staff can open and close the doors safely.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.4 There shall be adequate numbers of toilet, showers, and bathing facilities that are accessible, conveniently located, and in close proximity to each service area to meet the needs of people receiving services. This excludes any toilets, showers, or bathing facilities designated for service providers or visitors using the facility.</p>	<p>PA Low</p>	<p>All resident rooms throughout the facility, including the dementia care service, have a hand basin in each room. The acting CH&amp;VM was unsure why the three new rooms did not have a hand basin. The CH&amp;VM contacted the architect and arranged a meeting to discuss this issue, which was planned for the day after the audit. The CH&amp;VM stated that no consultation was sought that management was aware of regarding the design or infection prevention.</p>	<p>During the tour of the dementia care service, it was observed that the 21 dementia care individual resident rooms had a handbasin in the room. The three new rooms do not have a hand basin.</p>	<p>Ensure that a decision is made as to whether the hand basins have been omitted for a particular reason or whether they need to be installed prior to occupancy.</p> <p>Prior to occupancy days</p>

<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	<p>PA Low</p>	<p>On the tour of the facility call bells were available in each resident's room, bathrooms and communal areas for residents or staff to summon assistance as needed. The three newly built resident rooms in the dementia care service (Orchard wing) had the wiring in place, but the call bells were not connected.</p>	<p>The three newly built residents' rooms in the dementia care service have the wiring in place for the call bells, however the call bells are yet to be connected.</p>	<p>Ensure the call bells in each resident's room are connected for residents to be able to summon assistance if needed.</p> <p>Prior to occupancy days</p>
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	<p>PA Low</p>	<p>The infection prevention programme has recently been reviewed but has not been signed off by governance. All policies and procedures for infection prevention are also being reviewed for the organisation at support office. The manuals are currently being reviewed for Dunblane Lifecare. The IPCC has only been in the role for a short period of time two months in total.</p>	<p>The infection prevention policies and procedures and programme are currently being reviewed by the governance group and have not yet been approved and signed off by this group.</p>	<p>Ensure the infection prevention policies and procedures and programme are s approved and signed off by the governance body.</p> <p>180 days</p>
<p>Criterion 5.2.6</p> <p>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>(a) Included in health care and support worker orientation, with updates at defined intervals;</p>	<p>PA Low</p>	<p>The IPCC has been in the role for a short time, and although they are experienced as a registered nurse, they have not yet completed relevant infection prevention control training as required to meet this standard. The plan is for the IPCC to enrol in a recognised IP course in early 2025 and/or to attend any training</p>	<p>The IPCC has only been in the role for a short time, and although they are an experienced registered nurse, they are yet to complete the relevant infection prevention training for this role.</p>	<p>The IPCC completes the relevant education required for this role.</p> <p>180 days</p>

(b) Relevant to the service being provided.		available at Te Whatu Ora Tairāwhiti. The IPCC is involved in the orientation for any new staff and is already involved in the training programme being developed for 2025 for all staff.		
<p>Criterion 5.2.8</p> <p>Service providers will demonstrate a clear process for early consultation and involvement from the IP personnel or committee during the design of any new building or when significant changes are proposed to an existing facility.</p>	PA Low	The infection prevention co-ordinator interviewed has recently been appointed to this role. No one was in this role since the previous clinical manager's contract expired. No consultation was sought for the new build of three new rooms in the dementia care service.	No consultation was sought in relation to the new build of three new dementia care rooms in Orchard Wing.	<p>To ensure consultation is sought from an infection prevention and control perspective for any new build or changes to services as required.</p> <p>180 days</p>



## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.