

Dunblane Lifecare Limited - Dunblane Lifecare

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's 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: 26 July 2022 End date: 27 July 2022
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:	53

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

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

Key to the indicators

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

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

General overview of the audit

Dunblane Lifecare provides age-related residential care services (rest home and hospital), dementia care services, respite, and services for younger (under 65) disabled (Life Unlimited), for up to 67 residents. The facility is owned and operated by the New Zealand Aged Care Services Limited.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau members, managers, staff, and a nurse practitioner.

The audit has identified that improvements are required related to strategic planning, service participation for residents and staff, human resources practices, and completion of interRAI assessments and care plans.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Dunblane Lifecare works collaboratively to support and encourage a Māori world view of health in service delivery. There is a cultural safety policy to guide staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. Cultural and spiritual needs are identified on admission and considered in daily service delivery. Principles of mana motuhake were evidenced in service delivery. A resident who identifies as Māori acts as kaumatua for the facility.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). All staff receive in-service education on the Code.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. The residents confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies, including external Māori cultural entities who are mana whenua.

Complaints are resolved promptly and effectively in collaboration with all parties involved. Two complaints received via the Health and Disability Commissioner are in progress and yet to be resolved.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</p>
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The governing body assumes accountability for service delivery. This includes honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pasifika, and tangata whaikaha. Planning is currently limited to a business plan which outlines the goals for Dunblane Lifecare. Policies and procedures are in place.

Quality and risk management information is collected to support service delivery and care. Collection of data occurs, and this is reported numerically monthly to the clinical governance group. Adverse events are documented, and corrective actions identified. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed. A systematic approach to identify and deliver ongoing learning supports safe service delivery through education.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) team to confirm their level of care. The clinical nurse leader (CNL) and enrolled nurses (ENs) are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Twenty-four-hour activity care plans are in place. Residents and family/whānau expressed satisfaction with the activities programme.

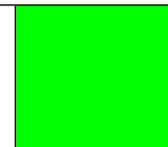
The organisation uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The general practitioner and nurse practitioner (GP/NP) are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day.

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

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

Includes 2 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.



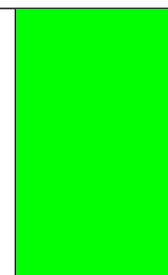
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. The building warrant of fitness was current. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

The governing body is aware of their responsibilities for the infection prevention and antimicrobial stewardship programme. Management staff at Dunblane Lifecare ensure the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced.

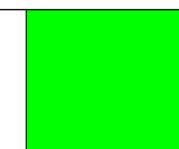
The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. The infection control coordinator is involved in procurement processes, and any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents, and family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The governance group is aware of their responsibilities in relation to restraint elimination and aim for a restraint free environment. This is supported by policies and procedures. There were four residents using restraint at the time of audit.

A comprehensive assessment, approval, and monitoring process occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions and restraint monitoring. Education on restraint has been undertaken.

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	24	0	3	1	0	0
Criteria	0	152	0	5	1	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Dunblane Lifecare has developed policy, procedure, and processes to embed and enact Te Tiriti o Waitangi and to support equity for Māori. This is reflected in the values of the facility. Residents and family/whānau interviewed reported that mana motuhake is respected by staff, and they felt culturally safe. Interview with the organisation’s managers and governance representative confirmed that they are aware of their responsibility to support equity for Māori. Whilst this is being managed at facility level, the governance group is still working on including this at organisational level through their strategic planning process (refer criterion 2.1.2).</p> <p>A Māori health plan has been developed which is used for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents. Māori were resident in the facility during the audit.</p> <p>The service supports increasing Māori capacity by employing more</p>

		<p>Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed. There were staff who identified as Māori across all levels of the organisation at the time of audit.</p> <p>The service has links with a Māori health support through the DHB, local Māori organisations, and mana whenua. A resident is identified as the facility's kaumatua and is available to assist the facility, staff, residents, and their families/whānau as required.</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.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	Not Applicable	<p>Dunblane Lifecare is looking for opportunities to identify and work in partnership with Pacific communities and organisations. A process to review the current Pacific plan to better support culturally safe practices for Pacific peoples using the service has been commenced. There were no Pasifika residents at the time of audit. Ethnicity data is gathered when staff are employed. There were staff employed who identified as Pasifika.</p> <p>Interview with the organisation's care home manager (CHM) and a governance representative confirmed that they are aware of their responsibility to support equity for Pacific peoples. The organisation plans to continue recruitment as vacancies and applications for employment permit. This remains difficult given the national health workforce shortage.</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>	FA	<p>All staff interviewed at Dunblane Lifecare understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following 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. The Code is available in Māori and English languages.</p> <p>There were residents and staff who identified as Māori on the audit days. The CNL reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their</p>

		representatives by involving them in the assessment process to determine residents' wishes and support needs.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Residents are supported in a way that is inclusive and respects their identity and experiences. Family/whānau and residents, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The CNL reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and by knocking on the doors before entering.</p> <p>All staff have completed training on Te Tiriti o Waitangi and culturally inclusive care as part of orientation and annually. The care home manager and CNL reported that one of the residents is a kaumatua who is available for karakia, supports residents and their families/whānau, and staff, and blesses rooms at the service. Te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori.</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</p>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents reported that their property and finances are respected.</p>

<p>abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Professional boundaries are maintained. The CNL reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and systemic racism. Family/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. The CNL, ENs and NP stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled.</p> <p>The Māori Health Care Plan in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents. This was further reiterated by the CNL who reported that all outcomes are managed and documented in consultation with residents, enduring power of attorney, (EPOA)/whānau/family and Māori health organisations and practitioners.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whanau reported that communication was open and effective, and they felt listened too. EPOA/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through the local district health board if required. Staff can provide interpretation as and when needed and use family members as</p>

		<p>appropriate.</p> <p>The CNL reported that verbal and non-verbal communication cards, simple sign language, use of EPOA/whānau/family to translate and regular use of hearing aids by residents when required is encouraged.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The nursing team and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the enduring power of attorney (EPOA) and residents. The GP/NP makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The CNL reported that advance directives are explained and encouraged. All residents admitted to the dementia unit had activated EPOAs in place.</p> <p>Staff was observed to gain consent for day-to-day care, and they reported that they always check first if a consent form is signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms are signed and uploaded to the resident's electronic record management system. In interview conducted with residents they reported that they felt safe, protected, and listened to and happy with care/consent processes.</p> <p>The staff reported that, tikanga best practice guidelines in relation to consent during care was observed.</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</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints, that leads to improvements. This meets the requirements of the Code. The facility staff reported that they would work with family/whānau to support complaints equity for Māori should a complaint originate from a Māori resident or their family/whānau. There have been no complaints from Māori residents since the previous audit. The operator maintains a record of all complaints in a complaint register. Residents and whānau understood their right to</p>

<p>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>make a complaint, knew how to do so, and understood their right to advocacy.</p> <p>Documentation sighted demonstrated that complaints are being managed in accordance with the Code of Health and Disability Services Consumers' Rights. There have been nine complaints received since the previous audit. Five were sent directly to the facility; these have been followed up with replies to the complainant and resolved. Four complaints came through the Office of the Health and Disability Commissioner (HDC), two of which came via the HDC Advocacy Service. The two complaints via the advocacy service have been responded to, addressed, and closed. Of the two which remain open at the time of audit, one has been responded to by the service and the other has been referred by the HDC to the Nationwide Advocacy Service for resolution.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>PA Low</p>	<p>The governing body for Dunblane Lifecare consists of three owners/directors who oversee the services with the assistance of a clinical and operations manager who is a registered nurse (RN). Clinical governance is appropriate for the size and complexity of the service. Two of the three owners/directors have had education on Te Tiriti o Waitangi, tikanga Māori, and cultural safety. The manager confirmed knowledge of the sector, regulatory and reporting requirements.</p> <p>There is a business plan in place that outlines organisational goals for the service. One of the owners/directors described the process they intend to use for strategic planning to clarify the service's commitment to improved outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha. This is planned for 25 August 2022. The plan also intends to outline the organisation's purpose, mission, values, and direction, including how performance goals for the organisation will be monitoring and reviewed at planned intervals (refer criterion 2.1.2).</p> <p>The care home manager oversees management for the service with the support of a clinical nurse leader (CNL) who is a registered nurse (RN). Whilst the care home manager is new to the position, they have had previous experience in the aged care sector. External support for</p>

		<p>te ao Māori is available from staff and through input from external Māori organisations. Health plans align with the 'Te Whare Tapa Whā' model. External support for Pasifika residents is still being sought.</p> <p>Dunblane Lifecare collects data on adverse events, complaints, internal audit activities, restraint, and clinical incidents (including infections). Data is collected with corrective actions noted and signed off as completed or resolved. The corrective actions are also identified as trends to support systems learning. Reporting to governance was via numeric data and did not include quality information in enough detail for the governance body to take responsibility for quality outcomes (refer criterion 2.1.4).</p> <p>Participation for people receiving services and their families/whānau in the implementation, monitoring and evaluation of service delivery is limited to individual care plans. Resident meetings are not taking place on a regular basis, there has been no resident meetings in the last 12 months, and the resident satisfaction survey conducted in 2020 did not have any meaningful analysis of the responses received (refer criterion 2.1.8).</p> <p>The service holds contracts with the DHB (Health NZ) for aged related residential care services (rest home and hospital), dementia care services, respite, and for services for younger (under 65) disabled (Life Unlimited) via the Ministry of Health (MoH). During the audit 53 residents were receiving services: 18 residents (one of which was a respite resident) were receiving rest home services, 21 were receiving hospital services (three under the Life Unlimited contract), and 14 were receiving dementia care services.</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</p>	<p>PA Low</p>	<p>The organisation does not have a risk management plan in place to identify risks and manage mitigation strategies in relation to organisational risk (refer criterion 2.2.4).</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed these were fully completed and incidents were investigated, Data is collected in relating to clinical incidents, adverse events,</p>

<p>on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>infections, and hazards, and analysed to provide useful trend information to guide continuous quality improvement. Progress is evaluated against quality outcomes.</p> <p>Meetings of residents have not taken place and the resident satisfaction survey has had no analysis to contribute to the quality system. Three staff meetings have taken place over the last 12 months but no staff satisfaction survey has been conducted since 2019. This makes it difficult for residents and their families/whānau to participate into the quality and risk system and to improve service delivery (refer criterion 2.2.1).</p> <p>Policies and procedures reviewed covered all necessary aspects of the service and contractual requirements but were out-of-date and do not guide practice under the Ngā Paerewa standard (refer criterion 2.2.2).</p> <p>The CHM understands essential notification reporting requirements. There have been seven section 31 notifications completed since the last audit, four related to resident issues and three to the shortage of an RN on duty.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them though this had been difficult during COVID-19 outbreaks that affected residents and staff. Residents and whānau interviewed supported the adequacy of staffing. At least one staff member on duty has a current first aid certificate.</p> <p>There is 24/7 RN coverage for the facility, RNs with EN support are rostered on every shift. Recruitment of RNs has been difficult for the facility due to the nationwide shortage of RNs. This has meant that the CNL has been rostered on shifts rather than on CNL duties. The use of the CNL for rostered shifts has meant that there is less resource to complete interRAI assessments and care planning as the CNL is</p>

	<p>currently the only interRAI trained nurse for the facility (refer criterion 3.2.1). The facility has recently recruited an RN, who was previously interRAI qualified; they are currently orientating to the facility. Once orientated, the RN will augment RN capability and interRAI assessment (once a refresher course is completed).</p> <p>There is one RN on an eight hour morning shift supported by an EN and seven caregivers; all eight hours shifts. In the afternoon, there is one RN on an eight hour shift supported by an EN and seven caregivers; five on eight hour shifts, one on a seven hour shift, and one six hour shifts. Overnight there is one RN supported by four caregivers on eight hour shifts. Cleaning, laundry, and food services are carried out by dedicated support staff seven days per week. Four weeks of roster were reviewed; there were no shifts that were not covered and, while staff were working extra shifts or extra hours, there were no staff who reported needing to work excessive hours. Recreational activities are provided by an activities coordinator (AC) who works Monday to Friday. The work of the AC is overseen by a diversional therapist who is employed in another role in the facility.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio.</p> <p>Continuing education is planned on a biannual basis including mandatory training requirements. Competencies for medication, manual handling, fire and emergency management (including fire drills), first aid, chemical safety, food handling, and pandemic planning (including the use of personal protective equipment (PPE) have been completed for all relevant staff and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Staff working in the dementia care area have completed the required education to meet contractual requirements. Records reviewed demonstrated completion of the required training and competency assessments. At interview, staff reported the training and competencies delivered as</p>
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		<p>appropriate for their role.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment, though these have not been reviewed since 2017 (refer criterion 2.2.2).</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>Human resources management policies and procedures are in place, and these are based on good employment practice and relevant legislation. However, most have not been reviewed since 2017 (refer criterion 2.2.2). Ethnicity data is recorded and used in line with health information standards.</p> <p>A sample of staff records reviewed showed that the organisation's policies are not being consistently implemented in relation to reference checking and orientation. Seven personnel files were reviewed. Of these, reference checking had not been completed for two out of four staff recruited in the 2021-2022 period, three of the four staff employed over the 2021-2022 period have not had orientation documented (refer criteria 2.4.1 and 2.4.4).</p> <p>Performance appraisals are carried out annually, staff confirmed that they have input into these.</p> <p>Staff have opportunities for debrief following critical incidents either through staff meetings or through the manager's 'open door' policy. Information on maintaining wellbeing is also available for staff on staff notice boards.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of</p>	FA	<p>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. The service uses a paper-based information management system for clinical files and an electronic system for business information (e.g., policies and procedures), medication management, and interRAI assessment. Staff have individual passwords to access electronic systems.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Records</p>

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>are uniquely identifiable, legible, and timely including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>No personal or private resident information was on public display during the audit. Archived records are held securely on site and are clearly labelled for ease of retrieval. Residents' information is held for the required period before being destroyed.</p> <p>Dunblane Lifecare is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home, hospital, respite, young people with disabilities (YPD) and dementia level of care were in place. Residents assessed as requiring dementia level of care were admitted with consent from EPOAs and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Family/whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CNL reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative</p>

		<p>services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. The service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is actively working towards partnering with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</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>All eight (8) residents' files sampled identified that initial assessments and initial care plans were resident centred, and these were completed on admission. The service uses assessment tools that included consideration of residents' lived experiences, cultural needs, values, and beliefs. Residents' care is undertaken by appropriately trained and skilled staff that include the nursing team and care staff. Cultural assessments were completed by the nursing team who have completed appropriate cultural training. Long-term care plans were also developed with detailed interventions to address identified problems.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. Evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Documented detailed strategies to maintain and promote the residents' independent well-being were sighted. Twenty-four-hour behaviour management plans for residents in the secure unit were completed and regularly reviewed to reflect residents' changing needs.</p> <p>All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin, cultural,</p>

	<p>and pressure injury assessments. The GP and NP visits the service once a week and is available on call when required. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the NP. Residents' medical admission and reviews were completed. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CNL reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff restated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the GP/NP, CNL, ENs, care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and family/whanau.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the nursing team as evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whanau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tangata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the</p>
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		<p>process to support residents and whanau.</p> <p>There were 41 overdue interRAI assessments. These included 29 re-assessments and nine new interRAI assessments. Four residents had no long term care plans in place and four were overdue for review. Residents' nutritional profiles and activity plans were not consistently reviewed every six-months as per policy requirements.</p> <p>Residents who are assessed as young people with disability (YPD) had their needs identified and managed appropriately.</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>	<p>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by the diversional therapist who is also the kitchen manager and an activities coordinator. The programme runs from Monday to Friday with weekends reserved for church services, movies, EPOA/whānau/family visits and other activities that are facilitated by care staff. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. However, some activity plans were not reviewed every six-months as per policy requirements (refer 3.2.5). Residents' birthdays are celebrated and resident meetings are conducted monthly. A social life history assessment detailing residents' life history is completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by the activities coordinators in consultation with the care home manager, nursing staff, EPOAs, residents, and activities care staff. The activities are varied and appropriate for people assessed as requiring rest-home, hospital, dementia, YPD, and respite level of care. Residents assessed as requiring YPD care involved in activities of their choice and reported they have access to the wifi which enables them to use their electronic gadgets.</p> <p>Twenty-four-hour behaviour management plans reflected residents' preferred activities of choice and are evaluated every six months or as necessary. Activity progress notes and activity attendance checklists</p>

		<p>were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Van trips are conducted once a week except under Covid-19 national restrictions.</p> <p>The activities staff reported that there were residents who identify as Māori and opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</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 practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP/NP completes three monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications, including, over the counter medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the</p>

		<p>audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The EN and the health care assistant were observed administering medications safely and correctly in the secure dementia unit, hospital and rest home wing respectively. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medicines. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. Meal services are prepared onsite. There was an approved food control plan which expires on 10 December 2022. The menu was reviewed by a registered dietitian on 7 June 2022. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. Resident dietary profiles were not reviewed six-monthly as required (refer 3.2.5). Residents are given a choice to select the meals they want on a daily basis. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents</p>

		<p>throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained, and these are recorded on the electronic management system.</p> <p>EPOA/whānau/family and residents interviewed indicated satisfaction with the food service. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori also.</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>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CNL reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan will be developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent GP/NP, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and</p>

		EPOA/family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.
<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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weighing scales and clinical equipment. Monthly hot water tests are completed for resident areas and were below 45 degrees Celsius. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a current building warrant of fitness which expires 1 December 2022. There are currently no plans for further building projects requiring consultation, but the manager is aware of the requirement to consult with Māori if this is envisaged in the future.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident group. There are shared dining room and lounge facilities and smaller spaces for use if privacy is required. Lounge areas are used for activities for residents. Outdoor areas are planted and landscaped with appropriate seating and shade. A secure garden area is available for residents in the dementia unit and this is readily accessible to residents. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility for rooms without ensuite facilities. One room in the facility has a full ensuite bathroom (toilet, handbasin, and shower), and nine rooms have ensuite toilets and handbasins.</p> <p>Residents' rooms are personalised according to their preference. All rooms have external windows which can be opened for ventilation; safety catches are in place. Corridors are wide and promote safe mobility with the use of mobility aids and handrails, residents were observed moving freely around the areas with mobility aids during the</p>

		<p>audit.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Fire, civil defence, and pandemic plans and policies direct the facility in their preparation for emergency events. These described the procedures to be followed as well as the duties required by staff (e.g., as fire wardens). Staff have been trained and those interviewed knew what to do in an emergency. The fire evacuation plan was approved by the New Zealand Fire Service on 29 August 2005. A fire evacuation drill was last held on 22 February 2022. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. In the event of a power outage cooking facilities are available.</p> <p>Emergency management is included in staff orientation and as part of the ongoing education plan. A minimum of one person trained in first aid is always available on site, this was confirmed in the rosters reviewed.</p> <p>Call bells alert staff to residents requiring assistance. These are present in all rooms, bathrooms, and communal facilities. Call bells are checked as part of the internal audit programme. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Security arrangements are in place and the building is secure at all times. Information about security and emergency procedures is given to residents and their family/whānau on admission to the facility.</p> <p>Visiting is by appointment under the current COVID-19 setting, precautions are being taken with rapid antigen testing (RAT) prior to entry to the facility.</p>
Subsection 5.1: Governance	FA	The governance body is aware of their responsibilities in relation to infection control and antimicrobial stewardship (AMS). While the

<p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>infection prevention and control (IPC) process is in place, is consolidated in practice, it is reported to the board as numeric data only, the AMS programme (while implemented in the facility) is not yet reported to board level. This was confirmed at interview with the owner/director. Appropriate reporting will be considered as part of planned strategic planning, due to occur in 2022. There is access to specialist support through the DHB (Health NZ).</p> <p>The IPC policies are provided by an external advisory company and, whilst they reflected the requirements of the standard and are based on current accepted good practice, they have not been reviewed since 2017 (refer criterion 2.2.2). There is a stepwise approach to infection prevention and control. Cultural advice is accessed where appropriate. Staff were familiar with policies and were observed to follow these correctly.</p> <p>Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</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>	FA	<p>The service has a documented infection prevention and control programme that is reviewed annually. Review of the programme is completed by the CNL who is appointed as the infection prevention and control coordinator (IPCC) with support from the regional office. A position description for the IPCC was in place.</p> <p>The service has guidelines to manage and prevent exposure to infections. Infection prevention and control training is provided to staff, residents, and visitors. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for COVID-19. Most residents and all staff were vaccinated for COVID-19 and influenza. Completed records were sighted in all files sampled.</p> <p>There was a pandemic outbreak plan in place. Information and resources to support staff in managing COVID-19 were regularly updated. Visitor screening and residents' temperature monitoring</p>

		<p>records, depending on alert levels by the MOH, were documented. COVID-19 rapid antigen tests (RATs) are being conducted for staff and visitors when indicated before coming on-site. There were three exposure events due to Covid-19 in February 2022, March 2022 and July 2022, all events were managed according to policy. The facility was closed to the public, with GP/NP, EPOA/whānau /family, residents, and relevant authorities notified promptly. Documented evidence of meetings with DHB, staff, and EPOA/whānau/family notifications was sighted.</p> <p>There are documented policies and procedures for managing both manual and automated decontamination of reusable medical devices. Internal audits are completed, and all corrective actions are documented, as verified.</p> <p>The service has documented policies and procedures in place that reflected current best practices but not all have been reviewed as required (refer criterion 2.2.2). Policies and procedures are accessible and available for staff through the electronic record management system. Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitizers, good hand washing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. In-service education is conducted by either the CNL or other external facilitators. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The CNL completed various infection prevention and control training online, such as hand hygiene, pandemic planning, outbreak training, RAT testing, donning and doffing PPE.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. They are also working towards ensuring</p>
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		that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service is committed to responsible use of antimicrobials. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The CNL is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement the programme. Infection control reports are completed monthly, and these are discussed at management and staff meetings. Staff confirmed that infection rates information is shared in a timely manner. The IPC has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively. Specialist support can be accessed through the district health board, the medical laboratory, and the attending GP/NP.</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 long term care facilities and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings, and health and safety quality/meetings. Infection data is compiled, documented, and reported to the care home manager and the regional officer. All monthly infection control reports, infection control surveillance, and yearly infection control report were sighted. Infection control audits were completed, and corrective actions implemented.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The GP/NP was informed on time when a resident has an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>The service is actively working towards ensuring surveillance of healthcare-associated infections includes ethnicity data.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>The policy describes safe and appropriate storage and disposal of waste, and infectious or hazardous substances, including storage and use of chemicals. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. No hazardous substances were detected on site. All staff interviewed demonstrated awareness of safe and appropriate disposal of waste. Used continence and sanitary products are disposed of appropriately in disposal containers stored in a safe place outside.</p> <p>There were sharps boxes in the medication room. Personal protective equipment (PPE) including gloves, aprons, and goggles are available for staff throughout the facility. Staff was observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>All laundry is washed on-site, or by family members if requested, in the well-equipped laundry which has a clear separation of clean and dirty areas. The resident and family/ whānau interviewed expressed satisfaction with the laundry management and reported that the clothes are returned promptly. There are designated laundry and cleaning staff. All have received appropriate annual training in chemical safety and infection control, including COVID-19. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in the locked storeroom. There are cleaning rooms where all cleaning trollies are kept locked. Safety data sheets were available in the laundry, kitchen, sluice rooms, and chemical storage areas.</p> <p>The effectiveness of cleaning and laundry processes is monitored through the internal audit programme and corrective actions are acted upon. Cleaning of frequently touched areas and accessed areas was increased due to COVID-19. The residents and family members interviewed reported that the environment was clean. The care staff demonstrated a sound knowledge of the laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. The governance group are aware of their responsibilities in respect of</p>

<p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraint elimination, and restraint information is presented at board meetings. At the time of audit four residents were using a restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>Policies and procedures meet the requirements of the standard but are overdue for review (refer criterion 2.2.2). The restraint coordinator (RC) is a defined role providing support and oversight for any restraint management. Staff received education in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring in 2022.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There were clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Family/whānau and/or EPOA were involved in decision making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard, including cultural requirements. Evaluations occur six-monthly or before if this is required. Family/whānau confirmed their involvement. Access to advocacy is facilitated as necessary and includes access to culturally appropriate advocacy services or people.</p> <p>A restraint register is maintained by the RC and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record.</p> <p>Policy and procedures include the requirements around emergency restraint and person-centred debrief. Processes are in place to ensure that, when debrief is required, an appropriate person can undertake the debrief, including culturally appropriate personnel.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I</p>	FA	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are</p>

<p>can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>implemented if indicated. The use of restraint has been maintained at low rates since the last audit.</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 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	<p>There is no plan in place to identify, monitor, review and evaluate the organisation's structure, purpose, values, scope, direction, performance, and goals. The owner/director interviewed reported that a strategic planning process is planned for 25 August 2022. The intention is that, once this process is completed, it will outline the structure, purpose, values, scope, direction, performance, and goals of the organisation and respond to the equity requirements for Māori, Pasifika, and tāngata whaikaha.</p>	<p>There is no plan in place to make sure that the organisation's structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals. Equity requirements for Māori, Pasifika, and tāngata whaikaha have not been addressed at governance level.</p>	<p>Strategic planning, when completed, outline the organisation's structure, purpose, values, scope, direction, performance, and goals and ensures these are clearly identified, monitored, reviewed, and evaluated at defined intervals. Equity requirements for Māori, Pasifika, and tāngata whaikaha will be addressed.</p> <p>180 days</p>
<p>Criterion 2.2.1</p> <p>Service providers shall ensure the quality and risk</p>	PA Low	<p>While residents reported satisfaction with communication, there have been no resident meetings in the last 12 months,</p>	<p>Participation by the workforce and for people receiving services in the implementation,</p>	<p>Ensure residents and staff can consistently participate in quality management activities</p>

management system has executive commitment and demonstrates participation by the workforce and people using the service.		and the resident satisfaction survey (15 responses) conducted in 2020 did not have any meaningful analysis of the information received. Three staff meeting have been held in the last 12 months, there has been no staff satisfaction survey conducted since 2019. Staff interviewed reported that communication had been difficult, due to the mpacts of COVID-19 and management changes.	monitoring, and evaluation of service delivery is not consistently taking place.	to improve services within the organisation. 180 days
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Low	Policies and procedures reviewed covered all necessary aspects of the service and contractual requirements but were out-of-date and do not guide practice under the Ngā Paerewa standard (refer criterion 2.2.2). Whilst the organisation is aware of this, of the 19 policies sampled during the audit, 15 were out-of-date. One had not been reviewed since 2014, 12 had not been reviewed since 2017 and two had not been reviewed since 2018.	Policies and procedures are out-of-date, not fit for purpose, and do not cover all aspects of the Ngā Paerewa standard.	Policies and procedures are reviewed to ensure they are fit for purpose and cover all aspects of the Ngā Paerewa standard. 180 days
Criterion 2.4.1 Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.	PA Low	Policies and procedures are in place (overdue for review) in relation to recruitment and this includes the requirement to reference check. Interviews were sighted in all files reviewed. Visas, where applicable, were current. Police vetting and COVID-19 vaccination checks were completed. Professional qualifications were checked for authenticity and currency. Reference checks have not been completed for two	References have not been collected for two out of four staff recruited in the 2021-2022 period.	A process is put into place to ensure all staff are reference checked prior to commencing employment, in line with the organisation's policy and procedure requirements. 180 days

		out of four staff recruited in the 2021-2022 period.		
<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 Low	<p>Policies and procedures are in place (overdue for review) includes the requirement for orientation to be completed and documented. Three of four staff employed over the 2021-2022 period have not had orientation documented.</p>	<p>Orientation is not being consistently completed and documented for all staff.</p>	<p>A process is put into place to make sure all staff have orientation completed and documented on commencing employment, in line with the organisation's policy and procedure requirements.</p> <p>180 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed</p>	PA Moderate	<p>There were 41 overdue interRAI assessments ranging from 77 to 883 days. These included 29 re-assessments and nine new assessments. Activity and long term care plans and resident nutritional profiles were not reviewed six-monthly as per policy requirements. The CNL reported that this was due to shortage of interRAI trained registered nurses at the service and only the CNL was interRAI trained. Recruitment of more registered nurses was underway.</p> <p>The care home manager and CNL reported that the service was actively working towards completing all overdue interRAI assessments and ensuring long term care plans, activity plans and resident nutritional profiles were prioritised. Resident, family/whānau/EPOA, and GP/NP involvement is encouraged. Not completing all required assessments,</p>	<p>(i) 41 interRAI assessments were overdue for review ranging from 77 to 883 days.</p> <p>(ii) Not all care plans were developed and reviewed within the required timeframes with four overdue, and four residents had no long term care plans in place.</p> <p>(iii) Residents' nutritional profiles and activity plans were not reviewed six-monthly as required.</p>	<p>i) Ensure all interRAI assessments are completed as per policy and DHB contractual requirements.</p> <p>(ii) Provide evidence of current completed residents' long term care plans.</p> <p>(iii) Complete resident nutritional profiles and activities care plans six-monthly as per policy requirements.</p> <p>90 days</p>

<p>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>care plans and nutritional profiles within the required time frames had a potential of not managing residents' identified needs as required. In all the care plans reviewed needs were being identified and managed appropriately despite the formal process of assessments/plans documented and care being managed.</p>		
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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 of this audit.

No data to display

End of the report.