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 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: 9 July 2025 End date: 10 July 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 70

Executive summary of the audit

Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaru | 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

New Zealand Aged Care Services – (Dunblane Lifecare) provides rest home, hospital and dementia care services for up to 78 residents. No significant changes have occurred since the previous audit.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Standard 8134:2021 and the contracts the service holds with Health New Zealand – Te Whatu Ora Tairāwhiti (Te Whatu Ora Tairāwhiti). It included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau members, governance representatives, managers, staff, contracted allied health providers and a general practitioner. Residents and whānau were complimentary about the care provided.

Improvements are required in relation to the implementation of Te Whare Tapa Whā model of care, the completion of staff competencies and training on cultural safety, Te Tiriti o Waitangi and equity, ensuring validation and recording of annual practising certificates for health professionals, staff orientation, performance appraisals and completion of the code of conduct forms. Improvements are also required to ensure care plans are completed and that activities plans cover the 24-hour period, and are implemented in the dementia care service, and that the programme is overseen by a diversional therapist. Additionally, improvements are required in relation to annual training for staff administering medicines and records of completion of emergency management training.

Ō tātou motika | Our rights

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

Dunblane Lifecare works collaboratively to support and encourage a Māori worldview of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

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

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. Management staff have completed Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Staff are yet to all complete the relevant training. Residents were safe from abuse.

Residents and whānau received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. 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, to ensure adequate staff coverage. Orientation was not recorded in the records reviewed.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

In the rest home and hospital wings residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed. Staff understood their responsibilities, as guided by the medication management policy and procedures.

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

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

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

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

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

Staff are trained in fire emergency procedures, use of emergency fire equipment and attend regular fire drills however civil defence emergency training was not documented. Staff, residents and whānau interviewed understood fire emergency and security arrangements. Residents and whānau 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 five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were residents using restraints at the time of audit.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	8	1	0	0
Criteria	0	166	0	10	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.

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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	PA Low	Dunblane Lifecare had developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori. The organisation had adopted Te Whare Tapa Whā model of care; however, this had not been implemented in the care plans of the significant number of residents who identified as Māori (33). This was identified as an area for improvement. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. Tikanga best practice flip charts were sighted throughout the facility. Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. The care home manager identified as Māori and spoke te reo Māori. Staff ethnicity data is documented on recruitment and trended.

Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Dunblane Lifecare identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes. The organisation has adopted a Pacific model of care for any residents who identify as Pacific people. Pacific staff interviewed felt that Pacific people's worldview, and cultural and spiritual beliefs were embraced in the policies reviewed. Active recruitment, training, and actions to retain a Pacific workforce are supported, with Pacific staff being employed across roles. There were no residents who identified as Pacific people on the day of the audit.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code in English, te reo Māori and New Zealand Sign Language were posted around the facility. Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Māori mana motuhake was observed in service delivery, as confirmed in interviews with residents and whānau.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake.	PA Low	The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including for people with disabilities, confirmed that they/their relative received services in a manner that had regard for their

As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.		dignity, gender, privacy, sexual orientation, spirituality and choices. Staff were observed to maintain privacy throughout the audit. All residents had a private room. Te reo Māori and tikanga Māori were promoted within the service through the activities programme, care planning process, and te reo Māori information posted around the facility. Staff have not undertaken cultural safety education and/or Te Tiriti o Waitangi training, and this was identified as an area of improvement. The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff, resident and whānau interviews, or in documentation reviewed. Residents' property was labelled on admission, and they reported that their property was respected. There was a 'comfort account' that residents could use to keep their money safe, if desired. The service was transitioning to using an external financial service provider for the management of residents' finances, if desired. Professional boundaries were maintained by staff, as verified by the residents and whānau. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included Te Whare Tapa Whā model of care. However, use of Te Whare Tapa Whā model of care was not implemented for residents who identified as Māori (refer to criterion 1.1.1).
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel	FA	Residents, including young people with disabilities, whānau, and Enduring Powers of Attorney (EPOAs) for residents in the dementia unit reported that communication was open and effective, and they

that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.		felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred. Examples of open communication were evident following adverse events and during management of any complaints. Staff knew how to access interpreter services, if required. Contact details of interpreter services were posted around the facility.
Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	Residents including young people with disabilities and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Signed admission agreements, general informed consent, and medical consent forms were available in residents' records reviewed. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Advance care planning, establishing and documenting of Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. EPOAs were activated for residents in the dementia unit.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints	FA	A fair, transparent and equitable system is in place to receive and resolve complaints, which leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made because of the investigation.

in a manner that leads to quality improvement.		The service assures the process works equitably for Māori by ensuring the complaints procedure is documented in te reo Māori. The Code is displayed in te reo and English versions. There have been two complaints received in the past year, and both have been closed out effectively. Two complaints from the Health and Disability Commissioner's office (HDC) were reviewed. One complaint initially made by a whānau member to HDC in 2019 was received by the service in 2021. The previous care home manager responded to a provisional report in June 2024. However, no further communication was received until 12 March 2025. A letter from the HDC, with recommendations to be responded to in three months, was documented. Recommendations related to education and training, interRAI training, timely response to multidisciplinary team (MDT) referrals, utilising the frailty care guidelines, wound care specialist training, timely and appropriate communication with family/whānau, and for staff to complete the HDC Code of Rights training. This complaint was being managed by support office staff at the time of the audit. Recommendations had been addressed, and a further response was forwarded to HDC on 26 June 2025 but was yet to be closed out. Another HDC complaint received in June 2024 was responded to and successfully closed out in December 2024. No other complaints from external agencies had been received.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	The governing body (New Zealand Aged Care Services) assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety. The care home and village-manager (CH&VM) has strong links with Māori health providers in the region, identified as Māori, and had close links with a local kaumātua who represents the same iwi. The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation, and there is an experienced and suitably qualified person managing the service. The CH&VM has been in the role for seven months. The

		clinical nurse lead was able to replace the CHM when absent for any planned or unplanned leave. The executive team at the support office have worked at addressing barriers to equitable service delivery and in the recruitment of Māori and Pacific staff. The needs of young people with disabilities are reflected in organisational documents. Dunblane Lifecare has a business plan 2025-2026 that defines the organisation's structure, purpose, values and scope, direction, performance and goals. The plan supports the improvement of equitable outcomes for Māori and tāngata whaikaha. This local level plan supports the overarching strategic business plan for the organisation. A commitment to the quality and risk management system was evident through policy, interviews and processes, and through feedback mechanisms. Members of the governance group interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the board of directors. Ethnicity data is being collected to support equitable service delivery. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required. People receiving services, and their whānau, participate in planning and evaluation of services through annual surveys. The CH&VM and the clinical nurse lead interviewed confirmed knowledge of the sector, regulatory and reporting requirements, and maintained currency within the field. Each work collaboratively together and felt well supported by the support office staff. The service holds contracts with Health New Zealand – Te Whatu Ora Tairāwhiti for providing rest home-level care, respite care, long-term chronic health care (LTCHC) – under 65 years of age (YPD) hospital and dementia care services. On the day of the audit, the occupancy was 70 residents. This included 24 hospital, one hospital respite care, two hospital-level care YPD, 22 dementia care with one dementia care respite, and 20 rest home-level care and one rest home-level YPD residents.

Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of clinical incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint management. Residents, whānau and staff contribute to quality improvement through six-monthly surveys, which are distributed and collated from the support office. Feedback is provided to staff. Outcomes are used for quality improvement of service delivery. Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through tikanga policies, and access to cultural support roles internally and externally. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by records sighted and by staff interviewed. Policies reviewed were current and covered all necessary aspects of the service and of contractual requirements and were current. The CH&VM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The hazard and risk register reviewed was current and up to date. Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The CH&VM and the CNL understood and had complied with essential notification reporting requirements. Two Section 31 notifications to HealthCERT were reviewed: Both related to residents absconding from the facility (18 September 2024 and 6 November 2024). There have been no adverse events reported to the Health Quality & Safety Commission (the Commission) since

		the previous audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	PA Low	There is a documented and implemented process for determining staffing levels and skill mixes to provide 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. The CH&VM discussed the staff rosters and allocation of staff. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage. The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. Continuing education is planned on an annual basis, including mandatory training requirements. There was an annual training plan; however, training and/or competencies in some topics could not be verified on the day of the audit. This was identified as an area for improvement. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora Tairāwhiti. Staff working in the dementia care area have either completed or are enrolled in the required education. Thirty-five healthcare assistants (HCAs) are employed, and 18 HCAs have completed a relevant NZQA Level 4 qualification, five Level 3 and 12 have completed or are enrolled in Level 2. Staff reported feeling well supported and safe in the workplace.
Subsection 2.4: Health care and support workers	PA Low	Human resources management policies and processes are based

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. 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. 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.		on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being implemented. Job descriptions were documented for each role. Professional qualifications, registrations and scopes of practice had been validated prior to employment, and this was required annually. Health professionals employed by and contracted to the service are required to have their annual practising certificates (APCs) reviewed, and a record is maintained. However, the records did not verify the current APCs of medical staff who are contracted to this facility for 2025. The sampled staff records did not verify that orientation had occurred for newly employed staff, the code of conduct forms were incomplete, and annual performance appraisals had not been completed in the appropriate timeframe. These areas were identified for improvement. Staff reported that the buddy system worked well during orientation however, no competencies were completed during this time. Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements. The HCAs confirmed that they can be involved in a debrief or discussion, and receive support if needed following incidents, to ensure their wellbeing.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	The service has transitioned to an electronic information management system. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Information was accessible for all those who needed it. Staff had individual passwords to access electronic files. Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.

		The service was not responsible for issuing National Health Index (NHI) numbers to residents.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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.	PA Low	Residents enter Dunblane Lifecare when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents entered the service based on documented entry criteria available to the community and understood by staff. The entry process met the needs of residents. All residents admitted to the secure dementia unit had a specialist's authorisation for placement, and their EPOAs had consented for the residents to be admitted to the secure unit. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission. Where a prospective resident is declined entry, there are processes for communicating the decision. Routine analysis to show entry and decline rates, including entry and decline rates for Māori, has not been implemented. The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Low	The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. New care plans based on the provider's model of care were completed on the new electronic information management system that the service has transitioned too recently. Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, medical or nurse practitioner assessment, initial care plan, and review timeframes met contractual and policy requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care delivery. However, Māori personal health

		plans that include Te Whare Tapa Wha model of care were not completed for residents who identified as Māori; refer to criterion 1.1.1. This was verified by sampling residents' records and from interviews of clinical staff. Residents and whānau for residents who identified as Māori expressed that their cultural values and beliefs were observed in service delivery. Management of some medical conditions was not well documented. Not all identified residents' needs were included in care planning as implemented; refer to criterion 3.2.3. Regular evaluation of responses to planned care, including the use of a range of outcome measures, was completed. Behaviour management plans were completed for residents in the dementia unit, with identified triggers and strategies to manage the identified behaviours documented. Where progress was different to that expected, changes were made to the care plan. Residents and whānau confirmed active involvement in the process. Tāngata whaikaha participated in service development through the assessment and care planning processes. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha/whānau can independently access information. Observations and interviews verified that the care provided to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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	PA Low	There were two activities coordinators and one of them was in the process of completing diversional therapy training. At the time of the audit, there was no qualified diversional therapist overseeing the activities programme; refer to criterion 3.3.1. Activity assessments identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau

suitable for their age and stage and are satisfying to them.		to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori. Activities on the programme included cultural events celebrations, Waitangi Day and Matariki celebrations, music, walking groups, craft, van outings, sensory activities and word games. Activities for residents in the dementia unit were tailored to meet the residents' needs, and residents were observed freely walking around the unit and in the secure garden outside the unit. There were no activity plans developed to cover the 24-hour period for individual residents in the dementia unit; refer to criterion 3.3.1. Young people with disabilities were supported to access activities suitable for their age and needs. Feedback on the programme was provided through residents' meetings and satisfaction surveys. Those interviewed confirmed they found the programme met their needs.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	PA Moderate	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. Annual medication administration competencies were not up to date for some staff who administer medicine. Interviewed staff understood their responsibilities when administering medicine. Medication reconciliation occurred. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP reviews were consistently recorded on the medicine chart. Standing orders are

		not used. Self-administration of medication is facilitated and managed safely, when required. There were no residents who were self-administering medicine at the time of the audit. Residents, including Māori residents and their whānau, were supported to understand their medications.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The food service is in line with recognised nutritional guidelines for people using the services. The menu was reviewed by a qualified dietitian in April 2025. Recommendations made at that time have been implemented. All aspects of food management comply with current legislation and guidelines. The service operated with an approved food safety plan and registration that will expire on 10 December 2025. Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets, allergies and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau had menu options that were culturally specific to te ao Māori. Evidence of resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. Snacks and drinks were provided on a twenty-four-hour basis for residents.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.	FA	Transfer or discharge from the service was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative. There were written policies and

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.		procedures to guide staff practice.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained, and that they meet legislative requirements. The building warrant of fitness (expiry 1 December 2025) was displayed at the entrance to the facility. Electrical equipment and resources were calibrated and checked by a contracted service provider on 12 September 2024. An inventory of all equipment was verified. A contracted electrician checks all electrical equipment throughout the facility annually. Hot water checks are maintained monthly, and records were reviewed indicating requirements were met. The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. The dementia care service (memory loss unit) had a large lounge and dining areas. Residents could walk around freely and safely outside of the unit. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. The current environment is inclusive of people's cultures and supported cultural practices. Consultation would be sought if the building underwent any major reconstruction or alterations to ensure the aspirations and culture of Māori are reflected in the design process.
Subsection 4.2: Security of people and workforce	PA Low	Disaster and civil defence plans and policies direct the facility in its

The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on 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.		preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to fire emergency and security situations. Staff interviewed knew what to do in a fire emergency; however, training has not been provided on other civil defence emergencies. This was identified as an area of improvement. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 30 June 2015. The last fire emergency training for staff was held on 7 July 2025. On 1 July 2025, New Zealand Aged Care Services entered a new national contract to cover all its aged residential care (ARC) services and villages, to meet the required compliances and legislative requirements for fire emergencies. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. A large 22,000 litre water tank was available onsite; and a generator was checked regularly. Grab boxes are readily available for emergencies which contained torches, batteries, a transistor radio, continence products, personal protective resources (PPE), toiletries, toilet paper, disposable utensils and paper cups, empty water bottles, a barbecue and a gas cylinder. The maintenance person, who has been in the role for nearly six years, was interviewed. Records were well maintained. Emergency planning links to the business continuity plan and all contact numbers of residents are maintained. An environment check was carried out and all equipment and resources were checked three-monthly. Staff can provide a level of first aid relevant to the risks for the type of service provided. Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security

		arrangements, as and when required.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials 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.	FA	The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported 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.
Subsection 5.2: The infection prevention programme and implementation 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.	FA	The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to senior management and the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, or facility changes, and policies. The clinical nurse lead stated that the IPCC would be consulted for design of any new building, when required. The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. A new IP programme was implemented in January 2025. The programme was reported on quarterly and will be reviewed annually. Staff were familiar with policies and procedures through orientation and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs, as verified in interviews. Educational resources and signage were available in te reo Māori. A pandemic response plan is documented and has been regularly

		tested. There were sufficient resources and personal protective equipment (PPE) available, and staff interviewed stated they had been trained accordingly but no records were maintained (refer to 2.3.3). Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process was audited to maintain good practice. Single-use medical devices were not reused.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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.	FA	Responsible use of antimicrobials was promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.	FA	Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the types of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme are shared with staff. Surveillance included ethnicity data. Communication between the clinical team and residents, or the EPOAs of residents experiencing a health care-associated infection (HAI), was culturally safe. This was confirmed in interviews.
Subsection 5.5: Environment	FA	A clean and hygienic environment supports prevention of infection

The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.		and mitigation of transmission of antimicrobial-resistant organisms. Laundry and cleaning policies and procedures were available to guide care. 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 environmental testing and monitoring programme. Staff involved have completed relevant product/chemical training and were observed to carry out duties safely. Chemicals were stored safely. Residents and whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observations.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Maintaining a restraint-free environment is the aim of the service. The governance group demonstrates commitment to this, supported by a member of the executive leadership at operational level. At the time of audit, four residents were using a restraint. Any use of restraint is reported to the governing body. At the time of audit, policies and procedures for restraint elimination and safe practice were being reviewed. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA are involved in decision-making.
Subsection 6.2: Safe restraint 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.	FA	When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the standard. Whānau interviewed confirmed their

Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.		involvement. Access to advocacy is facilitated as necessary. Monitoring of restraint is overseen by the clinical nurse lead and takes into consideration the person's cultural, physical, psychological and psychosocial needs, and addresses wairuatanga. A restraint register is maintained and is reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record, including all requirements of the standard. No emergency restraint has been implemented or required over the last two years as per the restraint register reviewed. The four residents requiring a restraint had bed rails in place.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. 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. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	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 implemented if indicated. The use of restraint has been reduced by six over the past year.

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)
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).	PA Low	Te Whare Tāpa Whā model of care had been adopted by the organisation to use as the model of care for residents who identified as Māori. There were 33 Māori residents at the facility at the time of audit. Individual residents’ care plans reviewed did not demonstrate the implementation of Te Whare Tapa Whā model of care in any of the care plans reviewed. Despite the care plans not being implemented, the residents and whānau were pleased with the care and support they received, and whanau were always welcome to visit the facility.	The Māori model of care, Te Whare Tapa Whā, had not been implemented into the planning of care for residents who identified as Māori.	Ensure the appropriate model of care has been implemented into the planning of care for residents who identify as Māori. 180 days
Criterion 1.4.5 Services shall ensure health care and support	PA Low	Staff had access to a Māori Culture Handbook and Tikanga best practice guideline flipcharts. Staff explained how	Staff have not completed cultural safety education and/or Te Tiriti o Waitangi education/training.	Ensure staff complete the required cultural safety and/ or Te Tiriti training

workers receive Te Tiriti o Waitangi training and that this is reflected in day-to-day service delivery.		they apply the principles of Te Tiriti o Waitangi in their daily work. However, staff cultural safety education and/or Te Tiriti o Waitangi education/ training has not been provided as confirmed by staff in interviews and staff records reviewed.		/education to meet the criterion requirement. 180 days
Criterion 2.3.3 Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.	PA Low	The training records were reviewed. The service provider has worked effectively to ensure the care staff have completed the NZQA training levels; however, the other topics required to be covered, including cultural training, Te Tiriti o Waitangi and equity training, manual training, infection prevention, wound care management and skin tears have not been completed or recorded appropriately.	Minimal training and/or competencies had been completed and recorded, to ensure care staff can provide high quality and safe services.	Ensure all training and competencies have been completed to meet the needs of the Ngā Paerewa Standard and the obligations of the service's agreement with Te Whatu Ora Tairāwhiti. 180 days
Criterion 2.4.3 Professional qualifications shall be validated prior to employment, including evidence of registration and scope of practice for health care and support workers.	PA Low	The CH&VM interviewed discussed the process for verifying the professional qualifications of all employed and contracted health professionals annually. A hard copy record of all current annual practising certificates (APCs) were maintained by the administrator. The employed health professional's APCs were sighted, and were current. However, the contracted health professionals in particular the general practitioners from five medical practices who provided medical oversight to residents at this facility, had not had their APCs validated and recorded.	Contracted service providers such as the dietitian, podiatrist, the nurse practitioner, the pharmacist, and the pharmacy licence to operate, were all recorded appropriately in the folders reviewed. However, medical staff from five practices who cover the residents at this facility did not have their individual APCs and scopes of practice validated and recorded for 2025.	Ensure all contracted health professionals have their annual practising certificates, registration and scopes of practice verified and recorded annually. 180 days

Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.	PA Low	Four of eight individual staff records reviewed did not have any records of orientation/induction being provided for new staff.	Staff records reviewed evidenced that orientation for newly employed staff had not been consistently provided and/or recorded, in the individual staff records reviewed.	Ensure full orientation occurs at commencement of employment and that this is consistently recorded. 180 days
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	Five staff personal records were reviewed at audit. Annual appraisals could not be verified in the records reviewed. The CH&VM was interviewed and was aware of this shortfall. No schedule had been developed and implemented for completing staff appraisals. Five of eight annual staff performance appraisals had not been completed in a timely manner. Some appraisals were six months or more overdue. The Code of Conduct forms were blank in the records reviewed.	In the randomly selected staff records reviewed, annual performance appraisals had not been completed in five of eight records reviewed, and the Code of Conduct forms had not been signed and dated in all eight records reviewed.	Ensure Code of Conduct forms are signed and dated, and that annual performance appraisals for staff are completed in a timely manner and appropriately recorded. 180 days
Criterion 3.1.5 Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.	PA Low	Records of residents who had been admitted were maintained. Reasons for declining entry were recorded on the enquiry records. However, routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, had not been implemented.	Routine analysis of entry and decline rates, including specific data for entry and decline rates for Māori, had not yet been implemented.	Ensure routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented. 180 days
Criterion 3.2.3	PA Low	An electronic care plan was developed	Care plans as implemented did not	Ensure all identified

Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation		by suitably qualified staff following a comprehensive assessment. Cultural needs, values and beliefs were considered through the assessment process, including the person's lived experience. Residents and whānau or EPOAs were involved in the development of care plans. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded. However, four of nine care plans reviewed did not have detailed information to guide care. Residents' strengths, goals and aspirations were not always included in the care plans, including a resident assessed at high risk of falls and using a restraint, who did not have a long-term care plan in place.	include all identified needs of the residents. This included physical needs of residents, interventions, and goals of care.	needs of the residents are included in care planning as implemented. 180 days

for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.				
Criterion 3.3.1 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.	PA Low	The activities programme supported residents to maintain and develop their interests and was suitable for their age and stage of life. There were no activity plans developed to cover a 24-hour period for residents in the dementia unit. However, documentation in the progress notes showed that residents were provided with various activities to keep them occupied or to redirect them when needed. There was no qualified diversional therapist overseeing the activities programme at the time of the audit. The activities coordinators stated that they did not seek support from any qualified diversional therapist as they were not aware of this requirement.	No residents in the dementia unit had a 24-hour plan describing how their behaviour is best managed over a 24-hour period, and there was no diversional therapist input or oversight of the implemented activities programme as required by the contract with Health New Zealand – Te Whatu Ora.	Ensure 24-hour activity plans are completed for residents in the dementia unit as required by the contract. Ensure the activities programme is overseen by a qualified diversional therapist as required by the contract. 180 days
Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.	PA Moderate	Staff have received education on medication management. Interviewed staff understood the requirements to administer medication safely. The organisation's medication administration policy requires medication administration competencies to be completed annually for all staff who administer medication. However, only 12 of 22 medication administration competencies were current.	Medication administration competencies were not current for 45% of staff who administer medication.	Ensure annual medication administration competencies are completed annually for all staff who administer medication. 90 days

Criterion 4.2.3 Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	There are records of fire safety emergency training being undertaken by staff six-monthly. Staff interviewed were familiar with this procedure. However, there was no training that was able to be verified in the staff training records reviewed for other emergency and security situations.	There were no records of staff completing civil defence emergency and security training as part of the education plan.	Ensure civil defence emergency management and security training is provided for all staff. 180 days

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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.