

Ranfurly Village Hospital Limited - Ranfurly Village

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 BSI Group New Zealand Ltd, 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: Ranfurly Village Hospital Limited

Premises audited: Ranfurly Village

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 19 July 2023 End date: 20 July 2023

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: 58

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Ranfurly Village provides rest home level and hospital levels of care for up to 60 residents. There were 58 residents on the days of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with the Te Whatu Ora Health New Zealand - Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observation, and interviews with residents, family, management, staff, and a general practitioner.

The health services manager is appropriately qualified and experienced and is supported by a care manager. Both are registered nurses. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the intent of the standards.

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 are fully attained.

Ranfurly Village provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service are fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te ora | 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.		Subsections applicable to this service are fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

The diversional therapist implements an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent health care assistants are responsible for administration of medicines. They complete annual education and medication competencies. The

electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Te aro ki te tangata me te taiao haumarū | 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 are fully attained.
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All rooms are single occupancy, have ensuites and are personalised. Communal areas are accessible by residents with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring are appropriate.

Staff have planned and implemented strategies for emergency management including Covid-19. Systems and supplies are in place for essential, emergency and security services. There is a building warrant of fitness which expires 3 October 2023.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly. The building is secure at night to ensure the safety of residents and staff. There is always a staff member on duty and on outings with a current first aid certificate.

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 are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been four outbreaks (three Covid-19, one norovirus) since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these 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 are fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has residents currently using restraints. Use of restraints would be considered as a last resort only after all other options were explored.

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	29	0	0	0	0	0
Criteria	0	176	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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>	FA	<p>A Māori Health Plan is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service does currently have residents who identify as Māori.</p> <p>As part of staff training, Ranfurly Village incorporate the Māori health strategy (He Korowai Oranga), Te Whare Tapa Wha Māori Model of Health and wellbeing. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection, and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant Tikanga guidelines.</p> <p>The service has links with Ngāti Whātua Ōrākei marae, and other iwi on an organisational level, with kaumatua and kuia being available to support the organisations cultural journey.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff</p>

		<p>members. Staff members interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo Māori, and relevant tikanga Māori in their work with the residents as detailed in the Māori health plan and tikanga guidelines. Karakia performed by a Māori staff member was used to welcome and commence the audit process.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Thirteen staff members interviewed; three health care assistants (HCAs), four registered nurses (RNs), one maintenance supervisor, one cleaner, one diversional therapist, one health and safety coordinator, one cook, and one physiotherapy assistant, described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</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>	FA	<p>Ranfurly recognises the uniqueness of Pasifika cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights are available in several different languages including the languages of the Pacific Islands.</p> <p>On the day of audit there were Pasifika residents living at Ranfurly. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered in the residents' files. Whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The health services manager described how they encourage and support any staff that identifies as Pasifika beginning at the employment process. This</p>

		<p>was confirmed in interviews with staff who identified as Pasifika.</p> <p>Interviews with staff members, three rest home residents, two hospital residents, and five relatives (one rest home, and four hospital) identified that the service puts people using the services, whānau, and the Ranfurly community at the heart of their services. The service can consult with Pacific Island staff, and industry advisors who identify as Pasifika to access community links and continue to provide equitable employment opportunities for the Pasifika community.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The health services manager, or care manager discusses aspects of the Code with residents and their whānau on admission.</p> <p>Discussions relating to the Code are also held during the quarterly resident/whānau meetings. All residents and whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support through the chaplain and local churches. Church services are held regularly.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana Motuhake; self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>

<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>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed most recently in June 2023 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, and complete a cultural competency in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao 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 abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses.</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</p>	FA	<p>Information is provided to residents and whānau on admission. Quarterly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify whānau/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also</p>

<p>their choices.</p>		<p>documented in the progress notes. Twelve accident/incident forms reviewed identified whānau/next of kin are kept informed, and this was confirmed through the interviews with whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit not all residents could speak and understand English. Health care assistants and registered nurses interviewed described how they assist residents that do not speak English with interpreters or resources to communicate as the need arises.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and next of kin are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora specialist services (e.g., physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with regarding services involved. The care manager described an implemented a process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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</p>	<p>FA</p>	<p>There are policies around informed consent. Eight resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of</p>

<p>legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The service maintains a record of all complaints, both verbal and written, in a complaint register. There have been three complaints in 2022, and nine in 2023 year to date since the previous audit in August 2021. There has been one external complaint received in 2022 via the Health and Disability Commissioner (HDC). The complaint related to end-of-life care, was submitted by a family residing overseas, and was not supported by the next of kin. No action was deemed to be required by the service as per the HDC letter dated 30.06.22.</p> <p>The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the staff, and quality meetings. Complaints are a standard agenda item in all staff, clinical and senior team meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held quarterly.</p> <p>Communication is maintained with individual residents, and through updates at the activity programmes, at mealtimes, and one on one</p>

		<p>reviews. Residents/relatives making a complaint can involve an independent support person in the process if they choose. On interview residents and family stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Ranfurly Village is in Three Kings, Auckland. Ranfurly provides care for up to 60 residents at rest home, and hospital (medical and geriatric) levels of care. On the day of the audit there were 58 residents: 21 rest home (including one respite resident), and 37 hospital residents. All residents, apart from the respite resident, were under the aged related residential care (ARRC) agreement. All 60 beds are certified for dual purpose use.</p> <p>Ranfurly has a current business plan (2023-2024) in place with clear goals to support their documented vision, mission, and values. The values espouse compassion, quality, innovation, individuality, and respect. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā.</p> <p>The business current business plan includes a mission statement and operational objectives with site specific goals. The management team report to the director, and executive committee.</p> <p>The board works in partnership with the Ranfurly Veterans Trust and has extensive iwi links through the director and business partners. The GM operations (interviewed) confirmed the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is Māori representation on the board, and community links that provide advice to the board to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices at Ranfurly are holistic in nature, inclusive of cultural identity, spirituality, and respect the connection to family/ whānau and the wider community</p>

		<p>as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.</p> <p>The board attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. Free Te Reo Māori and tikanga education is available through the Āke Āke app for any staff to access, including management.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings.</p> <p>The health services manager (registered nurse) has managed Ranfurly for over six years. They have a background of over 20 years in senior leadership, including the retirement village and aged care sector. The health services manager is supported by a care manager (at Ranfurly for over 25 years), and an experienced care team.</p> <p>The health services manager and care manager have completed more than eight hours of training related to managing an aged care facility, including cultural training, New Zealand Age Care Association (NZACA) study days, restraint training, and conferences. Peer support is provided by an external consultant, well known and respected in the aged care sector. The health services manager (registered nurse) has managed Ranfurly for over six years, and has a background of over 20 years in senior leadership, including the retirement village and aged care sector. They provide clinical governance on the board of trustees and reports to the village manager. The health services manager is supported by a care manager (at Ranfurly for over 25 years), and an experienced care team.</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</p>	FA	<p>Ranfurly has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, through the collection, collation, and benchmarking of clinical indicator data, and comparison against national industry standards via an external consultant. Ethnicities are documented as part of the resident's entry profile and any</p>

<p>specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and are updated to meet the new 2021 standards. New policies or changes to policy are communicated to staff.</p> <p>Weekly management meetings, monthly quality improvement, clinical, staff meetings, and executive management meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff in their staff room and nurses' stations. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The resident and family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the service provided.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all staff and senior management meetings with a focus on health and safety bi-monthly as part of a stand-alone H&S meeting. There is a health, safety, and education coordinator (interviewed) who has undertaken ACC external specialist, level one and two health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in June 2023 (sighted). Health and safety policies are implemented and monitored by the health and safety committee.</p> <p>A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions</p>
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		<p>for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being programmes include offering employees the employee assistance programme.</p> <p>All staff completed cultural safety training to ensure a high-quality service is provided for Māori. Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is employed for 12.5 hours per week, and a physiotherapy assistant for 17 hours per week. Strategies implemented to reduce the frequency of falls include the use of sensor mats, regular resident checks, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The care manager, and registered nurses evaluate interventions for individual residents. Residents are encouraged to attend daily exercises as part of the activities programme.</p> <p>Hard copy reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, bruises, skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Next of kin are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the care manager who reviews every adverse event.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around an unexpected death, and pressure injuries. There have been four outbreaks (Covid-19 May 2022, January 2023, July 2023, and norovirus 2021) since the previous audit, which were appropriately managed, and staff debriefed.</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>	FA	<p>There is a staffing policy that describes rostering requirements, and the service provides 24/7 registered nurse cover.</p> <p>The registered nurses and a selection of healthcare assistants hold</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>current first aid certificates. There is a first aid trained staff member on duty 24/7. The health services manager and care manager are available Monday to Friday. They share an on-call roster with the RN staff.</p> <p>Interviews with HCAs, RNs and management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 40 Health care assistants, 24 have achieved a level 3 NZQA qualification or higher.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Six RNs (including the care manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Local Employee Assistance Programme (EAP) are available to staff that support staff to balance work with life.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files</p>

<p>values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>are securely stored electronically, and in hard copy. Nine staff files reviewed (two RNs, three health care assistants (HCAs), one diversional therapist, one cleaner, one laundry and one kitchen assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values., responsibilities and any additional functions (e.g. restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment for Māori.</p> <p>Volunteers are used (particularly with activities) and an orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained both electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected.</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 personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</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>	FA	<p>There is an entry and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>Eight admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The health services manager and care manager are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options</p>

		<p>and links to the community if admission is not possible.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</p> <p>The facility has established links with local iwi through the Kaumātua and is able to consult on matters to benefit Māori individuals and whānau. Ranfurly Village is committed to recognising and celebrating tangata whenua (iwi) in a meaningful way through partnership, educational programmes, employment opportunities and different projects and programmes.</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>	FA	<p>Eight files were reviewed for this audit (four hospital residents and four rest home residents, (including one resident on respite)). The care manager (CM) and the registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. The service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. The service utilises a person-centred model of care.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (except for the respite resident) had interRAI assessments completed in a timely manner to the detail reflective of the resident. The long-term care plan includes detailed interventions to guide care delivery related to mobility, hygiene, continence, dietary needs, sleep, communication, medication, skin care and pressure injury prevention, mood, and behaviours, social and cultural, intimacy and</p>

	<p>sexuality, and pain. The care plan aligns with the service's model of person-centred care. Care plan evaluations were completed as needs changed and within the required timeframes. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs.</p> <p>The service contracts two general practitioners (GP) who assesses residents within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. The two GPs provide on-call service for after hours and on the weekend. The registered nurses share the clinical on-call on a rotating roster with the care manager always available for further clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency at Ranfurly Village hospital. They were especially complimentary of the clinical assessment skills as well as quality of referrals received from the registered nurses after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for twelve hours a week and will visit more if requested as well as a physiotherapy assistant seventeen hours a week. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Health care assistants and registered nurses interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by health care assistants and registered nurses. The registered nurse further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters a RN initiates a review with a GP. Family/whānau were notified of all changes to health</p>
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		<p>including infections, accident/incidents, GP visits, medication changes and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. A wound folder is maintained in the nurses' station; one folder on level 2 and another on level 3. There were thirteen residents with sixteen wounds currently being treated which includes chronic venous ulcer, skin tears, grazes, bruises, and lesions.</p> <p>Registered nurses and health care assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Health care assistants and registered nurses complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, pain, behaviour, blood glucose levels, and toileting regime. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p> <p>Short-term care plans were well utilised for issues and signed off when resolved for infections, weight loss, behaviours, bruises, and wounds.</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>	FA	<p>There is one diversional therapist (DT) and two activity coordinators that provides activities across the seven days. They have current first aid certificates. The programme is supported by a group of volunteers, chaplain for pastoral care and various church groups. All volunteers are inducted into the service.</p> <p>The programme is planned monthly and includes themed cultural events including those associated with residents and staff. There is a monthly programme which is delivered to each resident, emailed to families, and placed in large print on noticeboards in all areas.</p> <p>The service facilitates opportunities to participate in te reo Māori with Māori language on planners, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities,</p>

		<p>bilingual signages, monthly planner and culturally focused activities.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, technology-based activities and hand massage are offered (as observed during audit). All residents and families/whānau can access the dedicated activities rooms and use the Tovertafel system (a virtual projector system, including active games, puzzles, and art sessions).</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises, cooking, crafts, games, quizzes, entertainers, pet therapy, board gaming, hand pampering, library, art therapy, happy hour, and bingo. There are weekly van drives for outings, regular entertainers visiting the residents and interdenominational services.</p> <p>There are resident meetings held quarterly with family/whānau welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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</p>	FA	<p>Medication management is available for safe medicine management that meet legislative requirements. All clinical staff (Registered nurses, and medication competent health care assistants) who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and health care assistants interviewed could</p>

<p>current legislative requirements and safe practice guidelines.</p>	<p>describe their role regarding medication administration. Ranfurly village currently packages medication for regular use in rolls and 'as required' medications in clearly labelled boxes and bottles. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms and locked trolleys. The medication fridge and medication room temperatures are monitored daily and weekly respectively. The temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including the bulk supply order, are checked monthly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP. Controlled drugs are stored appropriately, and stock checked weekly by two medication competent registered nurses. The pharmacists complete a six-monthly controlled drug audit with the last one completed 8 February 2023.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were two residents self-medicating eye drops and inhaler and safe storage of medications in their rooms. All have the appropriate assessment and review on file. As required medications are administered as prescribed with effectiveness documented on the electronic medication system. Medication competent health care assistants or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The registered nurses and care manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring in March 2024. The four-weekly seasonal menu has been reviewed by a dietician.</p> <p>The chef manager works full time Monday to Friday and is supported by two full time chefs, two part time weekend chefs and kitchen hands who work each morning and afternoon alongside the chefs.</p> <p>There is a food services manual available in the kitchen. The chef manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with the menu in advance to select their preferences and submit to the kitchen. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Healthcare assistants interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The chef manager and chefs complete a daily diary electronically which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room / rooms and residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of</p>

		meals provided. They can offer feedback at the resident meetings and through resident surveys.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer, or termination policy and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The care manager and registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a building warrant of fitness which expires 3 October 2023. There is a comprehensive planned maintenance programme in place. Reactive and preventative maintenance occurs. There is an experienced maintenance manager who works full time five days a week. There is an assistant maintenance person who works part time and includes gardening hours and a further part time maintenance person working two days a week. All members of the maintenance team work in the village as well. Contracted plumbers and electricians are available when required.</p> <p>Electrical equipment safety is ensured through a six-monthly Residual Current Device (RCD) check by a qualified electrician. All electrical equipment on site runs through the RCD system. Medical equipment items are calibrated annually and are next due to be checked December 2023. Hot water temperatures have been monitored monthly in resident areas and are within the acceptable ranges.</p> <p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets, kitchen areas and two rooms at the end of each</p>

		<p>wing. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions including those with cultural or spiritual significance into the home and are able to personalise their room. All resident rooms are single occupancy and have ensuites.</p> <p>There are handrails in hallways, ensuites and communal bathrooms. The hallways are wide and Ranfurly village hospital includes ample room for the placement of armchairs and smaller communal areas for residents to sit in. The large well-appointed dining rooms are adjacent to the kitchen servery. All resident rooms and communal areas provide sufficient room to enable safe use of resident equipment. Activities take place in the large communal lounges on both floors. There are thirty dual purpose rooms on level two and thirty dual purpose rooms on level 3. Both floors are a mirror image of each other. However, the main dining on level two opens to a paved, spacious, purpose orientated courtyard and garden area with plenty of seating and shaded areas. The dining area on level 3 opens to a sunny deck accessible to residents including those using mobility aids. Both floors are connected by an internal lift large enough for stretcher and flight of stairs. The lift is serviced, checked, and maintained. There are sufficient communal toilets situated near the communal areas. There is a hairdressing salon.</p> <p>The building is appropriately heated and ventilated. There is underfloor heating and heat pumps throughout the facility. The temperature in each room can be individually managed by a heat pump. There is plenty of natural light in the rooms.</p> <p>The service is involved in room refurbishments and renovation. There is recarpeting of the rooms, painting, flooring in the ensuites and replacement of existing toilets with bidet toilets for rooms being refurbished. Ranfurly village hospital is currently not engaged in construction. If this was to happen the board member and the health services manager described how they would utilise their links with their kaumātua and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori.</p>
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<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>Emergency management policies, including the pandemic plan and a business continuity plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (25 October 2013). A fire evacuation drill (23 May 2023) has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in multiple locations in the facility and checked at regular intervals. Kitchen is well supplied with food. Staff have access to a list of suppliers with contact details.</p> <p>In the event of a power outage, there are portable generators, barbeques, with gas bottles available and emergency lighting for at least 45 minutes. There are adequate supplies in the event of a civil defence emergency including 4000 litres of water stores. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 on duty and on resident outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. There are monitors that display where the call bell has been activated. All staff carry pagers/phones to alert the care staff to who requires assistance. Residents were observed to have their call bells within reach. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. External doors are alarmed and are locked automatically at 6 p.m. at night and locks turn off at 6 a.m. Main gates automatically close at 8 p.m. and unlock at 6 a.m. All staff have a fob to gain access to the facility after hours at the main gate and front door. If the doorbell rings at any time a visual and auditory monitor is activated in the nurses' station and reception. If the door alarm is</p>
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		activated, it goes to all pagers. All registered nurses are issued with a code to reset the door alarms.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials 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>	FA	<p>The care manager (registered nurse) oversees infection control and prevention across the service with support from the health services manager. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the management team, infection prevention and control committee, and infection control audits are conducted. Infection rates are presented at staff meetings and discussed at quality meetings. Infection control data is also reviewed by the management team and benchmarked internally, and externally against industry standards. Infection control is part of the strategic and quality plans. The governing body receive reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) monthly, including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora - Te Toka Tumai Auckland, Bug Control, and an external consultant.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19.</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.</p>	FA	<p>The service has a Pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, and Te Whatu Ora - Te Toka Tumai Auckland infection control nurse specialist. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practise were displayed in English, te reo Māori, and other languages.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the health services manager. The management team and Board would liaise with their external consultants should</p>
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		the design of any new building or significant change be proposed to the existing facility.
<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 has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the RN, HCA, staff, quality improvement meetings and management team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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>Infection surveillance is an integral part of the infection control programme and is described in the Ranfurly Village infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends.</p> <p>Infection control surveillance is discussed at staff, management, and quality meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator, meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Te Whatu Ora - Te Toka Tumai Auckland for any community concerns. There have been four outbreaks (three Covid-19, and one norovirus) since the last audit. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, and cohorting of</p>

		<p>residents occurred to minimise risks. Families/ whānau were kept informed by phone or email. Visiting was restricted.</p> <p>At the time of audit staff were required to produce a negative rapid antigen test (RAT) prior to each shift, visitors test before entering the care area, and residents tested if symptomatic.</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 antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is managed onsite by dedicated laundry staff. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice and sanitiser equipment available, and the cleaner interviewed was knowledgeable around systems and processes related to hygiene, infection prevention and control.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of</p>	FA	<p>The restraint approval process, as described in the restraint policy and procedures meets the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. An experienced registered nurse (care manager) is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint elimination and</p>

<p>restraint in the context of aiming for elimination.</p>		<p>implementation across the organisation. They are conversant with restraint policies and procedures. The reporting process to the governance body includes restraint data that is gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>On the day of the audit, six residents (hospital level) were using restraint; all of them bedrails. A review of the files for three of six residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The GP at interview confirmed involvement with the restraint approval process. The restraint policy ensures resident, family/whānau approval would be sought if restraint was being considered. Any impact on resident and family/whānau would also be considered. Family/whānau approval is gained should any resident be unable to consent.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination. Restraint minimisation training for staff, which includes a competency assessment begins during their orientation, and is updated annually. Review of restraint use is completed and discussed at all staff meetings.</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>	<p>FA</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, expected outcomes and when the restraint will end. The files reviewed for three of six residents using restraint evidenced assessment, monitoring, evaluation, resident, family/whānau, and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff taking into consideration wairuatanga. Alternatives to restraint include wide beds, low beds, perimeter mattresses and sensor mats. Restraint charting includes the restraint method approved, when it should be applied, frequency</p>

		<p>of monitoring and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with Ranfurly Village hospital policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the staff meetings.</p> <p>All restraints are reviewed and evaluated as per Ranfurly Village hospital policy and requirements of the standard. Use of restraints is evaluated six-monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings. A procedure is documented for emergency use of restraint, but this has not been required to date.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I 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>	FA	<p>The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. The restraint committee meet on a regular basis to review restraints. Restraint is also discussed at the three-monthly GP reviews and the six monthly multi-disciplinary reviews.</p> <p>Staff monitor restraint related adverse events while restraint is in use. There has been one restraint related incident reported which was followed up appropriately and corrective measures put in place.</p> <p>Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (including registered nurses and health care assistants), confirmed that the use of restraint is only used as a last resort.</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.

No data to display

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.