

# Ranfurly Manor Limited - Ranfurly Residential Care Centre

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Ranfurly Manor Limited

**Premises audited:** Ranfurly Residential Care Centre

**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: 5 October 2023 End date: 6 October 2023

**Proposed changes to current services (if any):** Assessment of preparedness to provide Residential Disability - Physical services.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 121



# Executive summary of the audit

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## Introduction

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

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

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

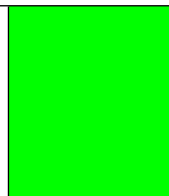
Ranfurly Residential Care Centre (Ranfurly) provides aged-related residential care services and residential physical disability services for up to 174 residents. On the first day of the audit, 121 residents were receiving services. This included five tāngata whaikaha – young people with disabilities.

This surveillance audit process included review of policies and procedures, review of residents’ and staff files, observations and interviews with residents, tāngata whaikaha (people with disabilities), family and whānau members, the chairperson of the governance group, managers, staff, and a general practitioner.

Previous areas for improvement identified at a partial provisional audit in November 2021 are now closed. These related to the environment and construction of additional rooms. Three new areas for improvement were identified. They relate to the system for identifying and addressing any barriers to equitable services not being evident at the facility, no current annual performance appraisals for staff, and no written confirmation that residents are exempt from monthly general practitioner visits. Additional criteria in relation to tāngata whaikaha – young people with disabilities were included in the audit.

## 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.



Subsections applicable to this service fully attained.

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

Processes are in place to ensure Pacific people can be provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity, choices, and their experiences. There was evidence that residents and their family/whānau were kept well informed.

Complaints were 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 medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes 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. A clinical governance structure appropriate to the service is in place.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. 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, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

## 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 low risk.
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When residents are admitted to Ranfurly Residential Care, a person-centred and whānau-centred approach is adopted. Relevant information was provided to the potential resident and their whānau.

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

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents with special cultural needs catered for. Food was safely managed.

Residents were transitioned or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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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 tāngata whaikaha (people with disabilities).

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. 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.
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The governing body, facility manager, clinical manager and the infection control nurse at Ranfurly Residential Care ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme. The programme was developed by those with IP expertise and was appropriate to the size and complexity of the service.

The experienced and trained infection control nurse led the programme and verified it was adequately resourced.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required. Surveillance of infections was undertaken, and results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required.



## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were two residents using restraints at the time of audit. 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	17	0	3	1	0	0
Criteria	0	72	0	5	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Ranfurly is part of the Promisia Healthcare group of aged care facilities. There are Promisia Healthcare policies, procedures, and processes which have been developed to embed and enact Te Tiriti o Waitangi in all aspects of its work. These are implemented at Ranfurly and mana motuhake is respected.</p> <p>Residents who identified as Māori (seven) have their aspirations incorporated in their care plans. This was confirmed through sampling, observations, and interviews on the days of audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with</p>	FA	<p>On the days of audit there were no residents at Ranfurly who identified as Pasifika. However, the provider has developed systems to identify and work in partnership with Pacific communities and organisations. An information booklet with contact details for local Pacific services is available, with specific contact people in these organisations to contact if and when support for an individual is needed.</p> <p>Examples of residents' cultural and spiritual beliefs were seen in the 11 files sampled during the audit.</p>

Pacific peoples for improved health outcomes.		
<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>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. Training on the Code and Nationwide Health and Disability Advocacy Service (Advocacy Service) was provided in July 2023.</p> <p>Residents and their family/whānau interviewed reported being made aware of the Code and the Advocacy Service and were provided with opportunities to discuss and clarify their rights.</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>The service supports people (older residents and tāngata whaikaha - young people with disabilities) in a way that is inclusive and respects their identity and experiences. People and whānau confirmed that they received services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. Tāngata whaikaha and older residents have private rooms. There are shared care suites which are referred to as 'double' rooms. However, these are actually two bedroomed occupational right agreement (ORA) care suites. Only one of these was occupied on the days of the audit, with consent by the couple. See sub-section 2.1 for more detail about double rooms.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through people's care plans and the needs assessment process. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. Interview with a range of staff members throughout the audit confirmed this, as did review of tāngata whaikaha and older residents' records.</p> <p>The needs of tāngata whaikaha are responded to, including their</p>

		participation in te ao Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>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.</p>	FA	<p>Employment practices at Ranfurly included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property was respected and finances protected. Professional boundaries were maintained.</p> <p>Thirteen residents and eleven family/whānau interviewed expressed satisfaction with the services provided at Ranfurly.</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. 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.</p>	FA	<p>Tāngata whaikaha, older residents and whānau reported that communication was open and effective, and that they felt listened to. Information was provided in an easy-to-understand format. Changes to health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</p> <p>Tāngata whaikaha have their own mobile phones and computers and use these for communicating with family/whānau and friends. They reported that they are able to access the internet freely and also use their computers to communicate and access information and entertainment.</p> <p>There were no older residents or tāngata whaikaha who require assistive communication devices to communicate with staff members.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices</p>	FA	<p>Residents at Ranfurly and/or their family/whānau/legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and</p>

<p>will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>care staff interviewed understood the principles and practice of informed consent.</p> <p>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.</p> <p>Files reviewed of residents in the secure unit had activated EPOAs in place and a specialist authorisation for the resident to be cared for in a secure unit.</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>	FA	<p>Residents and whānau understood their right to make a complaint and knew how to do so. An up-to-date complaint folder is maintained and was reviewed during the audit. This confirmed that the Code is being adhered to in the management of complaints.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigations. Where possible, improvements have been made as a result of the investigation. This includes two complaints which have involved the Nationwide Advocacy Service and the Health and Disability Commissioner (HDC) – one complaint through each organisation. Both complaints were still open at the time of the audit.</p> <p>The service assures the process works equitably for Māori. Face-to-face meetings had been held with whānau/families and the facility manager (FM) who is responsible for the management of complaints. There are procedures for evaluating equity in the management of complaints, which occurs annually. These will be implemented for the first time in January 2024.</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</p>	PA Low	<p>Promisia Healthcare and its board of directors is the governing body for Ranfurly. This board assumes accountability for delivering a high-quality service to the resident communities, with meaningful Māori representation</p>

<p>communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>on governance groups. The governance group have demonstrated expertise in Te Tiriti and cultural safety. Systems to identify and assess health equity have only recently been implemented at governance level and are still being implemented in the facility. An area for improvement is identified in relation to this.</p> <p>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.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of the organisation’s performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed, and through recent changes to the monthly report format. A commitment to the quality and risk management system was evident. A member of the governance group interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the governance board.</p> <p>There is an experienced and suitably qualified person managing the service. They have been in their role at Ranfurly for seven years. They hold a current annual practising certificate (APC) as a New Zealand registered nurse (RN), had previous experience in the aged care sector prior to taking on the facility management position as well as other relevant experience. They are supported by a general manager operations (GM) for Promisia Healthcare.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required. There is a family/whānau centred approach in the Promisia Healthcare values and this is reflected at Ranfurly through service provision.</p> <p>Tāngata whaikaha and older residents are involved in regular meetings with the facility manager (FM) and meeting minutes are maintained. An open and welcoming environment was observed and commented on during the audit visit. There is evidence of family/whānau involvement in the lives of their relative but currently limited involvement of people (tāngata whaikaha and older residents) and family/whānau in the planning, implementation, monitoring and evaluation of service delivery. An area for improvement is</p>
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		<p>identified in relation to this.</p> <p>Ranfurly has 171 certified beds in 161 rooms. This involves: 74 bedrooms in the hospital area, a 25-bed dementia unit, and 72 care suites which residents access under an occupation right agreement. Of these, 65 of the care suites have one bedroom and are intended for occupation by an individual. The remaining ten care suites have two bedrooms and are referred to as double rooms. They are intended for a couple who choose this option. An initial four double rooms were approved with the provider's partial provisional audit in 2013 and the other six with their certification audit in 2015. On the days of this audit one double room/care suite was occupied by a couple and another was vacant. The remaining eight double rooms were vacant.</p> <p>The service holds contracts with Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral (TWO MidCentral) for rest home, hospital – medical and hospital geriatric, long term complex – chronic health conditions (LTC-CHC), respite and palliative care services. They also have a contract with Whaikaha Ministry of Disabled People (Whaikaha) for non-aged residential care for people under the age of 65 years old (young people with disabilities), and the Accident Compensation Corporation (ACC).</p> <p>On the first day of audit 121 residents were receiving services. Of these, 62 residents were receiving hospital level care and 59 residents were receiving rest home level care. Included in the 62 hospital level care residents were 5 residents funded by ACC, 3 under the LTC-CHC contract, and 2 under Whaikaha. Included in the 59-rest home level care residents were 25 residents in the dementia unit, 3 residents funded under the LTC-CHC contract and 3 under Whaikaha.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-</p>	<p>PA Low</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and the use of restraint. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of</p>

<p>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>contractual requirements and were current.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>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.</p> <p>The FM understood and has complied with essential notification reporting requirements. They are supported by the CM and general manager operations (GM). Essential notifications sampled included notifications sent for pressure areas, and one for a shortage of RNs which was covered by existing RN staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents across the facility. 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.</p> <p>Residents and whānau interviewed supported this. All RNs have current first aid certification and there is 24/7 RN coverage in the hospital areas. Rosters for four weeks, including the week of audit, confirmed the allocation of sufficient health care staff members (RNs and care givers), and kitchen and house-keeping staff.</p> <p>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. A sample of nine personnel files from a range of staff members confirmed that the provider's recruitment process has been followed.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of</p>



		<p>people using the service and their whānau. The CM is responsible for planning and implementing staff training, with support from the team leaders in each area. Evidence of training requirements being attained was confirmed through review of training attendance records, competency assessments and interview with the CM. RNs have current annual practising certificates. Care staff (16) have completed a level 4 New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with TWO MidCentral. Additional care staff are reported to have levels 2 and/or 3 NZQA qualifications or are completing them. Staff working in the dementia care area have either completed or are enrolled in the required education.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Moderate</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable).</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment, with the system prescribing yearly appraisal thereafter. Only one of the personnel files sampled which were due for an annual review (seven of the nine files) had had one completed in the last 12 months. An area for improvement is identified in relation to this.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>The multidisciplinary team at Ranfurly worked in partnership with the resident and their family/whānau to support the resident's wellbeing. Eleven residents' files were reviewed, five hospital files, four rest home files, and two files of residents who were receiving care in the secure unit. These files included residents who were receiving care under a Whaikaha contract, residents who were receiving care under a long-term chronic health (LTCH) condition contract, residents receiving care under an Accident Compensation Corporation (ACC) contract and residents receiving care under an Aged Related Care (ARRC) contract.</p>

	<p>Files reviewed included residents who had a facility-acquired pressure injury, residents who were admitted with a pressure injury, residents with behaviours that were challenging, residents with compromised mobility, residents with compromised nutritional needs, residents who identified as Māori, residents who had a recent fall, and residents with several co-morbidities.</p> <p>Eleven files reviewed verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considered wider service integration, where required.</p> <p>Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, initial GP visit, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. The Te Whatu Ora – Health New Zealand contractual requirement ( D 16.5, e, ii, 1) for residents to be reviewed monthly by the residents' general practitioner (GP) or nurse practitioner(NP) unless the GP or NP had deemed the resident stable, had not been consistently met. This area requires attention.</p> <p>The above information was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Files reviewed of residents in the secure unit, had behavioural assessments and behavioural management plans, that included triggers to behaviours and de-escalation strategies. Behaviour monitoring was ongoing, and interventions updated when strategies were not effective. Twenty-four-hour care plans documented the residents' previous lifestyle patterns and guided each resident's daily regime, including the activity programme that was provided by activities staff and developed with input</p>
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		<p>from the diversional therapist.</p> <p>Files reviewed of residents receiving care under the Whaikaha contract included the residents' needs around activities for younger people and enabling involvement in previous and new interests. An interview with the diversional therapist and three residents under 65 years verified the existence of an activity programme that met the needs of the younger residents.</p> <p>A review of residents with facility-acquired pressure injuries (10) and residents admitted with pressure injuries (3) at the time of audit evidenced appropriate best practice guidelines around the identified risk level. Strategies to minimise their development were implemented pre the injury developing and post the presence of the pressure injury, except for one resident whose injury was hindered by the resident's non-compliance with some aspects requested. Wound assessment, with input from specialists and management plans was ongoing. A corrective action plan was in place regarding evaluating and addressing the high number of facilities-acquired pressure injuries (refer standard 2.2). Two unstageable pressure injuries have had section 31 notifications to Manatū Hauora. Evidence of improvements in the pressure injuries in files reviewed was sighted.</p> <p>Residents and their family/whānau confirmed active involvement in the care planning process, including young residents with a disability.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe</p>	<p>FA</p>	<p>The medication management policy at Ranfurly was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administered medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p>

<p>practice guidelines.</p>		<p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>There were no difficulties identified by young people interviewed, in accessing their required medicines from the facility. The present medication system is able to meet the requirements with the addition of residential disability services.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Ranfurly.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Ranfurly was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 31 May 2022. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Ranfurly on 9 February 2022, by the Manawatu District Council. One area requiring corrective action was identified, and this was dealt with. The plan was verified for 18 months and was due for re-audit on 9 August 2023. The audit has not been conducted as the Manawatu District Council does not have the services of an Environmental Health officer. An email from the council on</p>

		<p>the day of audit, verified the new Environmental Health officer will be starting work on 23 October 2023 and will contact Ranfurly to schedule an audit.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this.</p> <p>Interviews, observations and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, and resident and family/whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Food was available in the secure unit at any time, night and day.</p> <p>Younger residents had monthly theme sessions for the evening meal that included: make a burger, make a pizza, fish and chips from the local store, and other themes the younger residents choose.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or</p>	FA	<p>Transfer or discharge from Ranfurly was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p>

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<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) at Ranfurly are fit for their purpose, well maintained and that they meet legislative requirements. Electrical equipment has been appropriately maintained with electrical testing and calibration when appropriate.</p> <p>The building warrant of fitness (BWOFF) was current on the days of audit, and expires on 27 October 2023. Preparatory checks and certificates have been completed and obtained ahead of the BWOFF being renewed on the local council's regular cycle. The BWOFF now includes the additional wing (10 ORA apartments) added to the facility with the partial provisional audit which occurred on 23 November 2021. This addresses a previous area for improvement identified at the provider's partial provisional audit to have a Code of Compliance certificate issued which covered the new wing. The certificate was issued, has expired and the new wing is now incorporated in the facility's BWOFF as noted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Tāngata whaikaha are able to move independently throughout the facility, and access external areas. This includes the installation of handrails in the passageway of the new wing, curtains and window coverings in all the new rooms, and completion of gardens and planting outside the new wing. This addresses another previous area for improvement identified at the November 2021 partial provisional audit.</p> <p>There are also adequate numbers of accessible bathroom and toilet facilities throughout the facility as well as in ORA apartments, for both tāngata whaikaha and other residents. All bathrooms and toilets are accessible.</p> <p>Residents and tāngata whaikaha interviewed during the audit expressed their satisfaction with the environment, within the facility and externally.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. No new building was being planned at the time of audit.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. Fire evacuation practices occur on a six monthly basis with the most recent practices occurring in the last 12 months on 19 March and 28 September 2023. Evacuation times were acceptable for the size of the facility.</p> <p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) in November 2013. No change to evacuation procedures was required with the addition of the new wing (10 suites). The area has been added to the fire identification panel as required by the building warrant of fitness and was sighted during the audit. This addresses the final area for improvement identified at the provider's November 2021 partial provisional audit.</p> <p>Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required. This was confirmed through review of resident meeting minutes and through interviews.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>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.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Ranfurly undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Ranfurly used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff.</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 restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. This is confirmed in their procedures for supporting residents with a minimum of restrictions and elimination of restraint the goal. At interview with the CM, who is the restraint coordinator, they confirmed the aim of being restraint-free.</p> <p>The governance group demonstrates commitment to this, supported by a member of the executive leadership at operational level. At the time of audit two residents had a restraint in use to maintain their safety. Their care plans and supporting information provide clear guidance for staff members to support each resident respectfully, minimising the time the restraints are in use. Any use of restraint is reported to the governing body through the monthly reports provided by the FM and CM.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Training is included in the annual training schedule and is provided in relation to each resident who has a restraint approved. A group of eight staff members were interviewed, in addition to the CM. They confirmed attending training and understanding the need to be respectful when restraints are used.</p>



## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.6</p> <p>Governance bodies shall ensure service providers deliver services that improve outcomes and achieve equity for tāngata whaikaha people with disabilities.</p>	PA Low	New reporting systems have been developed for monitoring equitable service delivery at Ranfurly. This was reported through interview with a member of the governance board and evident through review of monthly management reports.	There wasn't a process for monitoring and/or identifying outcomes specifically for tāngata whaikaha people with disabilities.	<p>Ensure that the systems or processes for monitoring and identifying outcomes specifically for tāngata whaikaha people with disabilities are documented and implemented at Ranfurly.</p> <p>180 days</p>
<p>Criterion 2.1.7</p> <p>Governance bodies shall ensure service providers identify and work to address barriers to equitable service delivery.</p>	PA Low	New reporting systems have been developed for monitoring equitable service delivery at Ranfurly. This was reported through interview with a member of the governance board and evident through review of monthly management reports.	There was limited understanding of, and knowledge of a system or requirements for identifying and addressing barriers to equitable services at the facility when staff and managers were interviewed.	<p>Ensure that the system for identifying and addressing any barriers to equitable service delivery are documented and implemented at Ranfurly.</p> <p>180 days</p>

<p>Criterion 2.1.8</p> <p>Governance bodies shall support people receiving services and whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery.</p>	<p>PA Low</p>	<p>An open and welcoming environment was observed during the days of the audit, and was reflected in records reviewed and interviews with tāngata whaikaha and older residents. Meetings with tāngata whaikaha and older residents to hear about any concerns or requests and minutes were reviewed. Issues raised at these meetings are responded to.</p>	<p>There was no evidence yet of tāngata whaikaha, residents, or family/whānau being involved in the planning, implementation, monitoring and evaluation of service delivery. Systems for service providers to support this at Ranfurly have not yet been developed.</p>	<p>Develop and implement systems for engaging with tāngata whaikaha, residents, and family/whānau in the planning, implementation, monitoring and evaluation of service delivery.</p> <p>180 days</p>
<p>Criterion 2.2.8</p> <p>Service providers shall improve health equity through critical analysis of organisational practices.</p>	<p>PA Low</p>	<p>During the onsite audit tāngata whaikaha reported having their choices and preferences supported, and needs for support met by the staff at Ranfurly.</p> <p>Quality and risk management systems were in place to monitor indicators of safe care for residents, with regular reporting against these indicators and annual evaluation of progress.</p>	<p>At the time of the audit there were no processes for analysing organisational practice to ensure health equity for all people receiving services at Ranfurly, and in particular to tāngata whaikaha</p>	<p>Ensure that there are systems or a process for service providers to critically analyse organisational practices and to use these to address whether the needs of tāngata whaikaha, and other relevant groups are receiving equitable service delivery.</p> <p>180 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Moderate</p>	<p>There is a process for reviewing performance at defined intervals. Evidence was seen on personnel files sampled that staff have an opportunity to discuss their performance at the completion of their orientation and annually thereafter. Until the last two years, annual appraisals have been regularly completed.</p>	<p>On the files sampled (nine) no annual appraisals which were due in the 12 months prior to the audit had been completed.</p>	<p>Ensure all staff members have an appraisal within six months and ensure annual appraisals are completed as required by the provider's documented system.</p> <p>90 days</p>

<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>A review of 11 files verified residents were seen by the GP every three months, or more often when an acute event or a change in the residents' condition necessitated a GP review. However, the documentation in the resident's medical notes did not consistently record the resident as stable and able to be reviewed three-monthly rather than monthly in accordance with the Te Whatu Ora – Health New Zealand contractual requirements D.16.5 e, ii.</p> <p>Finding:</p>	<p>Files reviewed evidenced that when residents had been reviewed by the GP three-monthly, the GP had not documented the resident as stable and exempt from monthly visits.</p>	<p>Provide evidence the resident is reviewed monthly by the GP or NP unless the GP or NP has documented an exception to this requirement by deeming them medically stable and able to be reviewed three-monthly, unless the resident's condition requires more frequent visits.</p> <p>180 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

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End of the report.