

Ranfurly Village Limited - Ranfurly Village Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Ranfurly Village Limited

Premises audited: Ranfurly Village Hospital

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

Dates of audit: Start date: 24 October 2024 End date: 25 October 2024

Proposed changes to current services (if any): Generus Living Group has signed a sale and purchase agreement with Ranfurly Village Hospital Limited to change the legal entity to Ranfurly Village Limited. Manatū Hauora HealthCert requested this provisional audit.

There is no change to the ownership, director, executive or management team of Generus Living Group.

Total beds occupied across all premises included in the audit on the first day of the audit: 60

Executive summary of the audit

Introduction

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

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

General overview of the audit

Generus Living Group (GLG) has owned and operated the Ranfurly Village Hospital Limited since 2013. The facility provides rest home and hospital level care for up to 60 residents. On the days of the audit, there were 60 residents.

This provisional audit was undertaken to establish the prospective provider's preparedness to provide a health and disability service. Generus Living Group has proven competence and experience as operators of aged care services. It demonstrated an understanding of the ARRC contract and readiness to continue providing rest home and hospital level care trading as Ranfurly Village Limited as soon as approval from MoH has occurred. The business care manager, who is part of the executive team, confirmed the change of entity and that there were no plans to change the governing body. The health care manager, who is also part of the executive team, reported that Ranfurly Village Limited intends to introduce occupation right agreements in the future. No

other changes are planned. Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland is aware of the proposed change of title.

The process against Nga Paerewa Health and Disability Services Standard NZS 8134:2021 included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The service is managed by a health services manager, who is supported by an experienced business care manager, and an experienced care manager. They are supported by registered nurses and staff.

Staff receive education and have policies and procedures in place to guide them in the safe delivery of care.

No areas were identified that require improvement.

Ō tātou motika | Our rights

Ranfurly Village Limited 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.

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

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

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

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

Hunga mahi me te hanganga | Workforce and structure

The management/governing body team assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and people with disabilities.

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

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

The National Adverse Events Reporting 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. Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines 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 referred or transferred to other health services as required

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan. Electrical equipment has been tested as required. Calibration records were current.

External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. Staff were trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills.

Staff, residents and family/whānau understood emergency and security arrangements. Residents and family/whānau reported a timely staff response to call bells.

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

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

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

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

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

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

Here taratahi | Restraint and seclusion

The service aims for a restraint-free environment. This is supported by the management team and policies and procedures.

There were no residents using restraints at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, was in place should any restraint be used.

Staff demonstrated a sound knowledge and understanding of providing least restrictive practices, 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	27	0	0	0	0	0
Criteria	0	169	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.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Ranfurly Village Hospital Limited (RVHL) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. The service has links with iwi on an organisational level, with kaumātua being available to support the organisation’s cultural journey.</p> <p>A Māori health plan has been developed with input from cultural advisers and is available for residents who identify as Māori. The business care manager (BCM) has established links with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland).</p> <p>Ranfurly Village Hospital Limited is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles. The BCM and the health services manager (HSM) reported these staff would support residents and staff if required.</p>

		<p>There were residents and staff who identified as Māori on the days of the audit.</p> <p>Residents and family/whānau interviewed reported that staff respected their right to mana motuhake, and they felt culturally safe. Staff reported they include tikanga in their practice and are learning te reo Māori.</p> <p>The BCM and HSM reported, and documentation confirmed, that staff have attended cultural safety training. Staff reported they have attended Te Tiriti o Waitangi and cultural safety training.</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>	<p>FA</p>	<p>Ranfurly Village Hospital Limited works to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs, would be embraced. Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan. For example, food preferences, meal planning and attending church services.</p> <p>Cultural needs assessments at admission are completed by the registered nurse (RN) and the activities co-ordinator to identify any shortfalls.</p> <p>The service can consult with Pasifika staff, and industry advisors who identify as Pasifika, to access community links and continue to provide equitable employment opportunities for the Pasifika community. There were staff who identified as Pasifika at the time of the audit.</p> <p>Ranfurly Village Hospital Limited has a Pacific plan with cultural guidelines and standard operating procedures developed with input from the wider Pasifika community. They include Pacific models of</p>

		<p>care and guide staff to deliver culturally safe services to Pasifika people.</p> <p>There were no residents who identified as Pasifika at the time of the audit.</p> <p>Ranfurly Village Hospital Limited identifies and works in partnership with Pasifika communities and organisations to support culturally safe practices and wellbeing should any Pasifika peoples use the service.</p> <p>The BCM and HSM have links with the Pasifika advisors through Te Whatu Ora Te Toka Tumai Auckland.</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>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.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. All residents/family/whānau receive a copy of the Code and details about the Advocacy Service in the information pack provided.</p> <p>The prospective providers interviewed fully understand the consumers rights and the obligations of the Code.</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 residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, 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. There are no shared resident's rooms at this facility.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through staff having discussions with Māori residents, to ensure their mana motuhake is recognised. One resident who identified as Māori</p>

		<p>was interviewed and shared that once a week on a Thursday, in a voluntary capacity, the resident teaches te reo to a group of village residents. This was observed at the audit. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori.</p>
<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>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such. Training is provided to all staff and a record is maintained by the care manager. There were no examples of discrimination, coercion or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents’ property is labelled on admission, and they reported that their property is respected and finances are fully protected.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model of care.</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>Residents and family/ whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents’ health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</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>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Consent forms reviewed in resident records were completed appropriately, signed and dated.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</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>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box were at reception. The Code was available in te reo Māori and English.</p> <p>The HSM is responsible for complaints management and follow-up. A review of the complaints register showed actions taken, through to an agreed resolution, were documented and completed within the required timeframes.</p> <p>There have been no complaints received from external sources since the previous audit. Staff reported they knew what to do should they receive a complaint. Minor concerns are logged in a register and treated the same as complaints. Entries were observed to be addressed and signed off by the HSM.</p> <p>Complainants had been informed of findings following investigation.</p> <p>The HSM reported, and documentation evidenced, that a translator and staff who identified as Māori would be available to support people</p>

		if needed. There have been no complaints received by Māori to date.
<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 Hospital Limited is governed and led by an engaged and involved director, executive leadership, and management team who assume accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and tāngata whaikaha in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for residents through advice from external Māori advisors. The BCM and HSM are part of the executive team.</p> <p>The management team have participated in bicultural practice and Te Tiriti o Waitangi workshops.</p> <p>The BCM has access to a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>The HSM is responsible for the management of the facility, confirmed knowledge of the sector, regulatory and reporting requirements, and maintains currency within the field through legal advice, sector communication, training, Te Whatu Ora Te Toka Tumai Auckland and colleagues. The HSM has been in the role since October 2023, has been in management roles since 2016, and is a RN with 11 years' experience in the aged care sector.</p> <p>The CM, who has been in the role for 30 years, is a RN with 30 plus years' experience in the aged care sector. The BCM has been in the role since March 2008 and is a RN with 11 years' management training and experience. When the HSM is absent, the CM carries out all the required duties under delegated authority with support from the BCM.</p> <p>The 2023-2024 business plan includes the vision, mission statement, values and goals. The goals to be achieved include ensuring fulfilled residents, engaged team, satisfied shareholders and a sustainable business.</p> <p>The clinical team, guided by the clinical governance policy and a care manager, discuss clinical indicators including medication errors,</p>

	<p>complaints, compliments, training and infections. Minutes of the clinical meetings were sighted.</p> <p>The executive leadership team and the management team demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting processes and through feedback mechanisms, and purchasing equipment. A sample of reports showed reporting is of a consistent format and includes adequate information to monitor performance. The reports included information on occupancy, complaints, compliments, health and safety, clinical indicators, infection prevention, and nil restraint.</p> <p>The governing body, executive leadership and management team are focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through the accessible building, staff experience in working with people with disabilities, cultural training, and cultural engagement with the wider community. Additionally, there are timely referrals to external providers, family/whānau meetings, feedback and communication with the resident and their family/whānau. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The BCM reported that staff identify and work to address barriers to equitable service delivery through NASC and cultural needs assessments, training, advice from external cultural advisors, and health care assistants' knowledge of the resident and their likes and dislikes, including cultural and spiritual needs.</p> <p>Residents receiving services and family/whānau participate in the planning, implementation, monitoring and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident, and family/whānau, meeting minutes were reviewed.</p> <p>The service holds contracts with Te Whatu Ora Te Toka Tumai Auckland for age-related residential care (ARRC), for the provision of rest home level care, hospital level care, respite and palliative care.</p> <p>On the day of audit, 60 assessed residents were receiving care. Eighteen residents were receiving rest home level of care, including one on the respite contract. Forty-two residents were receiving</p>
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		<p>hospital level care. All beds are certified as dual-purpose beds.</p> <p>The business will continue to be owned and operated by Generus Living Group, and will trade as Ranfurly Village Ltd. Generus Living Group (GLG) already owns and operates retirement living and aged care facilities across New Zealand, including Christchurch, Mt Maunganui, and Auckland.</p> <p>The sale and purchase agreement is to change the title from Ranfurly Village Hospital Limited to Ranfurly Village Limited. The GLG organisational structure will remain the same, with the HSM being supported by the BCM and CM.</p> <p>The HSM is responsible for oversight of quality assurance and risk mitigation</p> <p>The health services manager expressed no plans to change the service size or configuration. They also reported that the service will continue to operate using the same business plan and operating systems, it has in place for this and its other facilities.</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-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>FA</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, monitoring of outcomes, policies and procedures, and clinical incidents including infections, wounds and falls.</p> <p>Residents, family/whānau and HCAs contribute to quality improvement through meetings and surveys. The last resident and family/whānau survey was completed in August 2024, with residents satisfied with the service delivered. Evidence was sighted of implemented corrective actions being reported back to the residents' meeting. The last staff opinion survey was completed during June 2024, with results above average. The HSM reported, and staff confirmed, that results were discussed with staff.</p> <p>The HSM is responsible for quality. A sample of quality and risk-related meeting minutes were reviewed and confirmed there have been regular reviews and analysis of quality indicators, and that</p>

		<p>related information is reported and discussed.</p> <p>Quality improvement initiatives included the installation of ceiling hoists, the development of a food waste/sustainability project, and a sensory garden.</p> <p>The organisation uses the policies and templates developed by an external quality contractor. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2024 internal audit schedule was sighted. Completed audits included maintenance, medication, infection prevention, laundry and cleaning, and clinical files. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The HSM and BCM described the risk register that includes the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff reported at interview that they knew to report risks. The risk register was sighted.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting 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. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin.</p> <p>The HSM understood and has complied with essential notification reporting requirements. One Section 31 notification relating to the change of HSM was sighted.</p> <p>There have not been any coroner's inquests, or issues-based audits.</p> <p>Staff are supported to deliver high-quality health care should any residents identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, and communicating with the resident, and family/whānau. Staff reported they were learning te reo Māori and gave examples of tikanga.</p> <p>The provider benchmarks internally against relevant health performance indicators, such as adverse events and falls. The HSM</p>
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		<p>reported that benchmarking data in all areas fluctuates due to the increased number of residents and staff incorrectly classifying incident reports. Evidence was sighted of ongoing training being provided to the staff.</p> <p>GLG will continue with the same quality system (including policies and procedures) currently in use. This is a generic system which reflects the principles of continuous quality improvement (CQI) and is tailored for the aged care sector. It includes regular internal audits, systems for analysis and reporting of quality data, such as trends in incidents/accidents, complaints, infections, and providing regular opportunities for resident, family/whānau and other stakeholder feedback.</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 mix to provide culturally and clinically safe care, 24 hours a day, seven days a week. (24/7). A 'Safe Rostering' tool is used. The facility adjusts staffing levels to meet the changing needs of residents. A review of four weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. The physical environments were considered due to the building footprint.</p> <p>Residents, family/whānau and staff interviewed confirmed there were sufficient staff. Bureau staff have been used to cover care staff shortages as a last resort, on average once a month. There are staff who have up to 30 years' aged care experience. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital.</p> <p>An after-hours on-call system is in place, with the CM providing clinical cover and the HSM providing support for all other areas 24/7. Staff reported that good access to advice is available when needed.</p> <p>The BCM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required.</p> <p>The staff competency policy guides the service to ensure</p>

		<p>competencies are assessed and support equitable service delivery. A sample of competencies confirmed the training.</p> <p>Continuing education is planned annually, including mandatory training requirements. Staff reported they hold up to level five New Zealand Qualification Authority (NZQA) education qualifications. A sample of training records was sighted.</p> <p>Nine of the eleven registered nurses are interRAI trained. One RN is booked to attend the training in February 2025.</p> <p>Meetings were held with the resident and their family/whānau to discuss and sign care plans. Residents' meetings are held and are an opportunity for people to discuss and express opinions on aspects of the service. Resident's choices regarding the activities were noted in the minutes.</p> <p>The HSM reported that RVHL is building on its own knowledge through cultural training, communication with the resident, family/whānau and learning te reo Māori. For example, staff and managers reported the use of te reo Māori in language, signage and email greetings.</p> <p>The HSM reported that where health equity expertise is not available, external agencies are contracted. For example, Te Whatu Ora palliative care, specialist wound care nurse, infection prevention nurse, and gerontology staff.</p> <p>Staff reported, and the HSM confirmed, that staff feel well supported and safe in the workplace through, for example, the employee assistance programme, appreciation awards, mufti day, and cultural events.</p> <p>The HSM stated the way the roster is managed it will not change and the policy on staff skill mix including contractual obligations and acuity of residents will remain as is.</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</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of 10 staff records reviewed confirmed the organisation's policies were</p>

<p>people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>being consistently implemented.</p> <p>Position descriptions were documented and were sighted in the files reviewed. The BCM described the procedure to ensure professional qualifications were validated prior to employment. Current annual practicing certificates were sighted for the eleven registered nurses, two enrolled nurses, pharmacist, dietitian, two general practitioners, three physiotherapists, occupational therapist and the podiatrist. The level four certificate for the diversional therapist was sighted.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New health care assistants described their orientation and are buddied with an experienced staff member for up to two weeks. Completed records were sighted in the sample of files reviewed.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted. Paper-based staff files are kept locked and confidential. Ethnicity data is recorded and used in line with health information standards.</p> <p>Staff reported that incident reports are discussed at staff meetings. Staff have the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Information is accessible for all those who need it.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Staff have a username and unique login to access the online resources. Backup database systems are held by an external provider.</p>

		The provider is not responsible for registering residents' National Health Index (NHI) number. All residents have a National Health Index (NHI) number on admission.
<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>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Family/whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission. A comprehensive pre-admission/admission pack is made available with all relevant information about the services provided. There is currently a waiting list for entry to this facility.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>The multidisciplinary team clearly work in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical measurements and includes resident and family/whānau input (as applicable).</p>

		<p>Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, from interviews of clinical staff, people receiving services and family/whānau. There are two general practitioners (GPs) who cover this service 24/7 and one was interviewed during the audit process. The GP interviewed was pleased with the communication with the staff and spoke highly of the care and services provided at this care home. Time was arranged with families as needed, to talk with the GP about their relative in care.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and family/whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through annual surveys and attending the residents' meetings. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/whānau. Tāngata whaikaha/whānau can independently access information.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. The organisation received recognition at the recent aged residential care conference and received an award for the innovative – Revndever virtual reality programme which has been introduced across the Generus Living Group facilities, including Ranfurly Hospital. This programme was reviewed at audit.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included</p>

		<p>normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori.</p> <p>Feedback on the programme is provided through annual surveys and residents' meetings. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</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>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. The next expiry date is 7 September 2025.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and family/whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</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>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. There is a building warrant of fitness which expires on 3 October 2025.</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>The maintenance personnel described the maintenance schedule, which was sighted. Residents, family/whānau and staff confirmed they know the processes they should follow if any repair or maintenance is required, and any requests are appropriately actioned.</p> <p>Equipment tagging and testing was current, as confirmed in records, interviews with the maintenance personnel and HSM, and observation. Current calibration of biomedical records was sighted. Hot water temperatures were within the required range.</p> <p>The facility has a lift to the second and third floors and is large enough to take a bed if required. The lift is serviced, checked and maintained. The certificate of compliance was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids and wheelchairs. The HSM reported that a mobility scooter is considered to be communal equipment, and is available when needed, for example, for outings. A ceiling hoist has been installed in one of the bedrooms.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. The HSM described how they would utilise their links with their cultural advisors to ensure the designs and environments reflect the aspirations and identity of Māori should there be any building changes in the future.</p> <p>Communal areas are available for residents to engage in activities. The dining areas and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas such as the veterans lounge or one of the two family/whānau rooms for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>Each resident has their own ensuite. The numbers of toilets and shared accessible bathroom facilities for visitors and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to</p>
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		<p>promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to safely move around within the spacious bedrooms. Rooms are personalised with furnishings, photos and other personal items displayed. Staff reported that they respect the residents' spiritual and cultural requirements. Residents, family/whānau and staff reported the adequacy of bedrooms.</p> <p>Residents, family/whānau and staff were happy with the environment, including heating and ventilation, privacy and maintenance. There is underfloor heating throughout the facility. Each area was warm and well-ventilated throughout the audit.</p> <p>The HSM reported that GLG has no plans to change the building footprint.</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>The current fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 21 September 2016. A trial evacuation takes place six-monthly, with a copy sent to Fire and Emergency New Zealand, the most recent being on 19 June 2024. The record was sighted. A wall-mounted flip chart provides guidance for staff on responding to civil emergency and disaster events.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Emergency evacuation plans were displayed and known to staff. The emergency plan met the needs of people with disabilities in an emergency. The HSM reported there is access to an evacuation chair if required. Call boxes, floor plans, sprinklers, alarms, exit signs, and fire action notices were sighted.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff were trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Staff reported attending fire safety training, and records confirmed this.</p> <p>The HSM reported, and documentation evidenced, that all RNs have a current first aid certificate. Current first aid certificates were sighted</p>

		<p>in the HCA files reviewed.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies, PPE, and a gas BBQ were sighted.</p> <p>Supplies were last checked on 25 September 2024. The maintenance personnel reported that in the event of a power outage, back-up emergency lighting would last for at least 45 minutes.</p> <p>Four thousand litres of water is stored. The HSM and maintenance personnel reported that there is an adjacent swimming pool to provide extra water. This meets the National Emergency Management Agency recommendations for the region.</p> <p>Appropriate security arrangements are in place. External doors are alarmed and are locked automatically at 6 pm at night and locks turn off at 6 am. Main gates automatically close at 8 pm and unlock at 6 am.</p> <p>Staff complete security checks at night. All staff have a fob to gain access to the facility after hours at the main gate and front door.</p> <p>Residents are informed of the emergency and security arrangements at entry. Residents, family/whānau and staff were familiar with emergency and security arrangements.</p> <p>A camera at the main door enables staff to identify visitors before granting access. Closed-circuit cameras have been installed throughout the grounds and specific internal communal areas. Residents and family/whānau members are fully informed, there is signage, and their use does not compromise personal privacy.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</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.</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>The programme is guided by a comprehensive and current infection control manual, with input from an external quality consultant. It includes a commitment to infections as a key performance indicator.</p> <p>Expertise and advice are sought following a defined process. Specialist support can be accessed through Te Whatu Ora, the medical laboratory, external consultants, nurse practitioner, colleagues, and the attending GPs.</p> <p>The quality assurance programme documents the pathway for the reporting of issues and significant events to the governance body. An infection control component was sighted in monthly quality, RN, staff meetings minutes, and the executive report reviewed.</p> <p>The pandemic planning was tested thoroughly during 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. 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 and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate from the Maori health advisor to ensure the spirit of Te Tiriti is acknowledged appropriately.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been</p>

		<p>trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials was promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data including resident ethnicity data, is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are reported to governance and shared with staff. A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice. An outbreak was also being professionally managed during the audit and all infection prevention protocols were in place.</p> <p>Communication between service providers and those residents experiencing a health care-associated infection (HAI) is culturally safe.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and family/whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</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 documented in the restraint policy. The BCM, HSM, CM and staff confirmed commitment to this.</p> <p>At the time of audit, there was no restraint used, and this has been the case since May 2024. Any use of restraint would be reported to the governing body.</p> <p>The CM is the restraint coordinator providing support and oversight for any restraint management. Their position description was sighted. The HSM described the approval process should any restraint be required in the future.</p> <p>Policies and procedures meet the requirements of the standards.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>Given there was no restraint in use at the time of the audit, subsections 6.2 and 6.3 have not been audited.</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 audit.

No data to display

End of the report.