Thyme Care Limited - Ripponburn Home and Hospital

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Thyme Care Limited
Premises audited:	Ripponburn Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 December 2024 End date: 18 December 2024

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 46

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ripponburn Home and Hospital provides age-related rest home and hospital level care services for up to 46 residents. The facility is currently operated by Thyme Care which is wholly owned by Promisia HealthCare Ltd. The service is managed by a facility manager who is a registered nurse and has experience in the aged-care sector. Residents and their whānau reported that the care provided is of a high standard.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand. The audit process included review of policies and procedures, review of resident and staff files, observations and interviews with residents, whānau, the directors of the organisation, managers, staff, and a general practitioner.

Improvements are required in the areas of internal auditing, care planning, food services, and the environment.

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.

Ripponburn Home and Hospital provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan in place that encapsulates care specifically directed at Māori.

There were residents in the service at the time of audit who identified as Māori. Māori residents entering the service confirmed that they had been provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of self-determination (mana motuhake). Cultural assessment support is in place to inform the cultural care plan. There were no staff who identified as Māori in the service at the time of audit.

There were no residents with Pacific origins at Ripponburn Home and Hospital at the time of the audit. Staff with Pacific origins were employed in the service. Systems and processes were in place to enable Pacific people to 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 were 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 were safe from abuse.

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

Complaints processes were implemented, and complaints and concerns were well-documented and actively managed in collaboration with all parties. There have been no complaints from external sources.

Hunga mahi me te hanganga | Workforce and structure

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

The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. The directors are experienced in governance and management, and they have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. Quality improvement data is collected. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings. The service complied with statutory and regulatory reporting obligations.

Staffing levels and skill mix met 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 was not on public display or accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Files reviewed demonstrated that the needs of residents and whānau were evaluated on a regular and timely basis.

Residents were 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 residents, with special cultural needs catered for.

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

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

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

The facility was clean and met the needs of residents. There was a current building warrant of fitness. Electrical and biomedical equipment were tested as required. 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 whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

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

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

The governing body ensures the safety of residents and staff through planned infection prevention and antimicrobial stewardship programmes that are appropriate to the size and complexity of the service. An infection control coordinator, who is a registered nurse, leads the programme.

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

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

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

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

Here taratahi | Restraint and seclusion

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

The service aims to be a restraint-free environment. This is supported by the governing body and policies and procedures. There was one resident using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Restraint is only used as a last resort and when all other interventions/strategies have failed.

A restraint coordinator, who is a registered nurse, manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

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	25	0	2	2	0	0
Criteria	0	172	0	2	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Ripponburn Home and Hospital (Ripponburn) provides an environment that supports residents' rights and culturally safe care. There was a health plan in place that was specifically directed at Māori, with a culturally appropriate model of care (Te Whare Tapa Whā) to guide culturally safe services. Ripponburn works in partnership with Māori to support Māori in the service, there is a relationship with the cultural adviser at Health New Zealand – Te Whatu Ora (Te Whatu Ora) and with Uruuruwhanau (a Kaupapa Māori organisation in Central Otago). Promisia HealthCare, which owns Ripponburn under the umbrella of Thyme Care, has a Māori advisory group (He Roopu Arahi Māori) which can also be used if assistance is required. There are policy and procedures in place to support and encourage a Māori world view of health in service delivery, including promoting equity. There were processes in place to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori in the service are being directly supported by Uruuruwhanau, and residents and whānau interviewed reported that staff respected their rights, and they felt culturally safe.

		Strategies to actively recruit and retain a Māori health workforce across roles was discussed. At the time of audit, there were no staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and trended.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Ripponburn identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving health equity. One of the staff working in the service acts as the Pasifika adviser if Pasifika residents are admitted. There were no residents of Pacific origin in the service, but policies, procedures and processes are in place to ensure that, should Pasifika residents be admitted, they would have their worldview, and cultural and spiritual beliefs, embraced. The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing capacity by employing more staff who identify with Pacific peoples across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff employed who identify as Pasifika during the audit.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Code of Health and Disability Services Consumers' Rights (the Code) was available and on display at Ripponburn in te reo Māori, English and New Zealand Sign Language (NZSL). Brochures on the Nationwide Health and Disability Advocacy Service (Advocacy Service) were available in the reception area of the facility. Staff knew how to access the Code in other languages should this be required. Residents (nine) and whānau (six) interviewed reported being made aware of the Code and the Advocacy Service and were provided with opportunities to discuss and clarify their rights. There were residents who identified as Māori at Ripponburn; they, and their whānau,

		reported that mana motuhake was recognised and respected. Staff interviewed at Ripponburn understood the requirements of the Code and were observed supporting residents in accordance with their individual needs and wishes. Education for staff on this topic was undertaken in 2024. Relationships had been established with local Māori communities to provide support for residents who identified as Māori. Support for Pacific peoples was available should this be required. The service also had access to external interpreter services as required.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Records confirmed that the service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau confirmed that they had received services in a manner that had regard for their culture, religion, dignity and their individual social identities and characteristics. Processes were in place to assess individual residents' needs during admission, care planning and at review. Residents and whānau (as applicable) confirmed that they were involved in the assessment process. The clinical manager (CM) reported that residents are supported to maintain their independence by staff through daily activities, and examples of this included resident-led activities, and individualised mealtimes if desired. Residents were able to move freely within and outside the facility. Staff were observed to maintain residents' privacy throughout the audit. Residents in the rest home all had their own rooms. In the hospital, a total of nine rooms were double rooms. Two of the double rooms were in use as single occupancy. Seven of the rooms were shared by two residents: three by couples, and four by residents of the same gender. Signed consent forms for shared arrangement were included in residents' files. Staff at Ripponburn completed training on cultural safety and Te Tiriti o Waitangi in 2024. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice. Te reo Māori and tikanga are promoted and practiced within the service. Staff attention to meeting

		tikanga needs of residents was evident in policies and procedures reviewed and this was observed during the audit. Residents and whānau reported their values, beliefs and language were respected by staff. Signage and posters with key information in the facility were in English and te reo Māori. The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. 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. Residents' property is labelled on admission; residents reported that their property is respected, and finances protected. Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and reported that any concerns would be acted upon. Strengths-based and holistic models of care were evident, and included the use of Te Whare Tapa Whā model for Māori and the Fonofale model for Pasifika.
Subsection 1.6: Effective communication occurs 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.	FA	Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Staff understood the principles of open disclosure, which were supported by policies and procedures. Staff knew how to access interpreter services, if required. Changes to residents' health status or reported incidents/adverse events were communicated to whānau in a timely manner and these communications were documented in the resident's record. Residents, whānau and staff reported the CM responded promptly to any suggestions or concerns. Documentation supported evidence of ongoing contact with whānau or Enduring Power of Attorney (EPOA).

		Evidence was sighted of referrals and communication with other agencies involved in the residents' care when needed. Examples of open communication were evident following adverse events and during management of any complaints. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Residents' meetings are held six-monthly and meeting minutes verified satisfaction with services provided.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	Residents 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. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Advance care planning, establishing and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	Complaints information is provided to residents and whānau on entry to the service. 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. Information on complaints and the complaints process was available to residents, along with information on advocacy options available to them. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. There were a variety of avenues available to make a complaint or express a concern; these included management 'open-door' policy, meetings, surveys, and through the formal complaints process. Complaints information was available in English

		and te reo Māori. There have been two formal complaints received in the last 12 months. Documentation sighted in respect of the complaints showed that the complaint had been addressed in a timely manner with the complainant informed of the outcome of their complaint and the corrective action arising from it. Complaints (and any subsequent corrective actions) are a standing agenda item in the quality and staff meetings (meeting minutes sighted). There had been no complaints received from external sources since the previous audit. There have been no complaints received from Māori in the service. There are, however, processes in place to ensure complaints from Māori are managed in a culturally appropriate way (eg, through face-to-face interaction, the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Ripponburn is governed by the Thyme Care/Promisia HealthCare board of directors. The governing body assumes accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and defining the leadership structure that is appropriate to the size and complexity of the organisation. Promisia HealthCare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Advice for directors on matters pertaining to Māori is through the Promisia group operations manager (GOM) who chairs the Promisia Māori Advisory Group (He Roopa Arahi Māori). An experienced facility manager (FM), who is a registered nurse (RN), manages the service, along with an experienced clinical manager (CM); together they have clinical oversight of the facility. Both confirmed knowledge of the sector, including regulatory and reporting requirements, and both maintain currency within the field. The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori, Pasifika and tāngata whaikaha was evident in plans and monitoring

		documentation reviewed. Ethnicity data is being collected to support equity. Equity is also supported through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code, complaints, infection prevention and control, and bilingual signage). Ripponburn promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika. There is a Māori health plan in place that guides care for Māori, and a plan to guide care for Pacific peoples. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery. This was supported by interviews with residents and their whānau, managers, and with staff. Governance commits to quality and risk via policy and processes and through the reporting system. Governance receives reports on clinical key performance indicators generated from internal quality data collection (eg, adverse events, infections, complaints and restraint). A sample of monthly and annual reports showed adequate information to monitor performance is reported. A member of the governance group interviewed felt well informed on progress and risks. The information provided was confirmed in a sample of reports to the board. Processes are in place, outlined in policy documentation, for residents and staff to contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents' meetings sighted showed evidence of discussion and documented response to matters raised. Staff meeting minutes sighted confirmed staff can give feedback, and this is addressed and documented. Residents' satisfaction surveys showed a high level of satisfaction with the services provided. Residents and whānau interviewed also reported satisfaction with services when interviewed. The service holds contracts with Te Whatu Ora for the provision of age-related residential care (ARRC) services at rest home and hospital level. Ripponburn also holds contracts to provide care under a long-term support-chronic health condition (LTS-CHC) contract, a short-term respite contract, a short-term palliative contract, and with the Accident Compensation Corporation (ACC). There are four dual purpose (rest home or hospital) beds, 16 rest home only beds, and 26

		hospital care beds in the service. Forty-two (42) residents were receiving services during the audit; 17 at rest home level and 25 at hospital level (one under an LTS-CHC contract). No residents were receiving services under short term contracts (respite or palliative), or an ACC contract. Nine rooms in the facility are two-bedded, with seven double occupied (refer subsection 1.4).
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	PA Low	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of adverse events (including the monitoring of hazards and clinical incidents, for example, falls, pressure injuries, infections, wounds, and medication errors), audit activities, compliments and complaints, resident and whānau feedback from meetings and the satisfaction survey, and policies and procedures. An internal audit schedule is in place, but this has not always been followed, nor all corrective actions identified and addressed (refer criterion 2.2.3). Critical analysis of practices and systems, using ethnicity data, identifies inequities, and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant attention to tikanga, and access to cultural support roles internally and externally. All residents and their whānau have input into quality review of the service through care planning, meetings, satisfaction surveys, and through the compliments/complaints processes. Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. With the exception of internal auditing (refer criterion 2.2.3), the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies, were documented and implemented. 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. The FM and CM understood and have complied with essential notification reporting requirements. There has been one Section 31 notification made to HealthCert (Manatū Hauora) since the last audit in relation to RN shortage over five shifts in September (the facility is now fully staffed with RNs). The service was aware of reporting requirement to the Te Tāhū Hauora – Health Quality and Safety Commission (HQSC) for all severity assessment code (SAC) reporting at SAC1 and SAC2 as well as pressure injury at stage 3 and above. One notification has been made to Te Tāhū Hauora in relation to a non-facility-acquired stage 3 pressure injury.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	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. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there was a RN on duty 24/7 on the rosters sighted. Position descriptions reflected the role of the position, and expected behaviours and values to ensure services are delivered to meet the needs of residents. Descriptions of roles cover responsibilities and additional functions, such as holding an infection control (IC) or restraint portfolio. Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. Records reviewed demonstrated completion of the required training and competency assessments.

		Staff reported feeling supported and safe in the workplace. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of seven staff records reviewed confirmed the organisation's policies, procedures and processes are being consistently implemented. Professional qualifications for health care professionals had been validated during recruitment and then checked and documented annually. Police vetting and reference checking was in place. Job descriptions were documented for each role across the organisation. The job descriptions described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved. Staff reported that the induction and orientation programme prepared them for the role, and evidence of completed orientation was seen in files reviewed. Opportunities to discuss and review performance occur annually. This was confirmed by documentation seen in the staff files reviewed and by staff interviewed, who described the process as useful for them, allowing them to set their own career and education goals. There were staff wellbeing policies in place and staff were aware of these. Staff confirmed that debrief and support was available to them following any incidents. Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.

Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Ripponburn maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Resident and staff information was mostly held electronically, and this was username and password protected. Electronic and any paper-based records were held securely and only available to authorised users; access to resident and staff information was limited dependent on the role of the person in the service. Data collected included ethnicity data for residents and staff. Residents' files reviewed were integrated. All the necessary demographic, personal, clinical and health information required was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Consent was sighted for data collection. Files for residents and staff were being held safely and securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Ripponburn is not responsible for National Health Index registration of people receiving services.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	Residents are admitted to Ripponburn when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the services Ripponburn provides, and have chosen Ripponburn to provide the services to them. Eight 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. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission. Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori. When admitted, residents have a choice over who will oversee their medical requirements, and this had been facilitated. The service has

		developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	The multidisciplinary team works in partnership with the resident and their whānau to support wellbeing. A review of eight resident files verified a care plan, based on the provider's models of care, was 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. Five of eight files reviewed of residents with complex needs did not, however, include a care plan that identified potential problems the resident may develop, or early warning signs and risks that staff needed to be alert to, with a focus on prevention or escalation (refer criterion 3.2.3). Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes met contractual requirements. Residents who had unwitnessed falls had a RN assessment and neurological assessments undertaken within the required timeframes. Blood glucose monitoring was carried out as requested. Residents with an infectious condition had the appropriate precautions being taken to ensure resident, visitor and staff safety was maintained. Resident's cultural needs were documented and attended to. Staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services and whānau. Management of any specific medical conditions was, at times, not well documented (refer criterion 3.2.3). Where it was, evidence was sighted 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 whānau confirmed active involvement in the process.

		Tāngata whaikaha participate in service development through residents' meetings and satisfaction surveys. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha and their whānau can independently access information. Interviews with four whānau of other residents expressed a high degree of satisfaction with the care provided at Ripponburn. The residents and their whānau were actively involved in planning the residents' care and any ongoing discussions. Whānau of residents who identified as Māori were complimentary of the cultural support provided, and the responsiveness of staff to residents' needs. An interview with a general practitioner (GP) expressed satisfaction with the present care provided by Ripponburn.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	The activities programme, provided by a diversional therapist (DT) and two activities assistants, supports residents to maintain and develop their interests seven days a week. The programme was suitable for the residents' ages and stages of life and was supported by 60 volunteers who offer support to enhance the lives of residents at Ripponburn. 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 normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori. The programme is diverse, and changes weekly based on resident feedback. Van outings occur weekly, and at times more often, and include trips to the Arrowtown autumn festival, fruit picking, the local motor racing circuit (for the men on Father's Day) and other local events. Interviews with younger residents verified they were supported to access areas of interest in the community. Feedback on the programme is provided through the six-monthly resident meetings, resident satisfaction surveys and one-to-one feedback from residents following an activity. The plan for 2025 was to increase the frequency of resident meetings to every two months,

		with a whānau meeting every six months in the evening. Resident interviews confirmed they find the programme meets their needs.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management policy at Ripponburn 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 had been assessed as competent to perform the function they managed. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices meet requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Ripponburn. Interviews identified there were no residents self-administering medication at the time of audit; however, processes were in place to ensure this is facilitated and managed safely when requested. Residents, including Māori residents and their whānau, are supported to understand their medications.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	PA Moderate	The food service provided was in line with recognised nutritional guidelines for people using the services. The menu was reviewed by a qualified dietitian in September 2024, and recommendations made at that time have been implemented. At the time of audit, the organisation was in the process of converting the Ripponburn kitchen from a food preparation kitchen to a servery kitchen. This process had been partially completed. On some days, food was being cooked offsite and transported in, whilst on other days

		food was cooked onsite. At the time of audit, the approved food control plan for the Ripponburn kitchen had expired and a number of criteria which would have been checked at that audit had not been attended to (refer criterion 3.5.5). On the two days of audit, food was transported in. Food was transported in containers and placed in two heated bain-maries when it arrived. Food was served by staff. Resident interviews verified satisfaction with the meal, and with the meal temperature, on the days of audit. Documentation verified that the temperature of meals being transported in is not checked prior to service. The future plan is for food to be prepared offsite and transported in. The offsite facility had a food control plan in place that was verified in August 2024, for a duration of 18 months. Four areas for improvement had been identified, to be addressed at the next audit in February 2026. 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. Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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	FA	Transfer or discharge from Ripponburn is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. This was evident in a resident's file review. The RN's regular contact with whānau was well documented. Resident transfer documentation was noted to be comprehensive, with a full and accurate account of the event in the resident's file. Prior to transfer of the resident back to Ripponburn, staff engaged with the hospital to ensure all relevant information for ongoing care of the resident was communicated and documented.

coordinate a supported transition of care or support.		Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	PA Low	While some work has taken place and there is a refurbishment programme being implemented, observation of the facility evidenced that the buildings continue to be in need of repair and/or refurbishment, both internally and externally (refer criterion 4.1.1). The building warrant of fitness for the facility was current, expiring on 23 July 2025. Spaces promote independence and safe mobility and are culturally inclusive, and suited the needs of the resident groups, with spaces for the use of residents and their visitors. Residents and their whānau reported that they were happy with the environment, including heating and ventilation, privacy and maintenance, and they referred to the facility as "homely". There are currently no plans for further building projects requiring consultation, but the owners of the facility were aware of the requirement to consult and co-design with Māori if this was envisaged. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of biomedical equipment. Monthly hot water tests were completed for resident areas, and these were sighted. Where there were deviations from within normal limits, these had been adjusted using tempering valves. The environment was comfortable and accessible. Ramps lead to external areas. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Care staff interviewed stated they have adequate equipment to safely deliver care for residents. Spaces are culturally inclusive and meet the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas have appropriately situated call bells. There are external areas

		within the facility for leisure activities with appropriate seating and shade. Residents' rooms are appropriate for their purpose. Rooms for residents receiving hospital level care were spacious and allowed room for the use of mobility aids and moving and handling equipment. Shared rooms (nine, seven of which were being utilised by two people and two, one person) had privacy curtains in place around residents' bed spaces and consents to share in place. Rooms were personalised according to the resident's preference. All rooms have a window allowing for natural light, with safety catches for security. Central heating (diesel radiators) is provided in the facility, which can be adjusted depending on seasonality and outside temperature.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Fire evacuation training was last completed on 11 December 2024. The fire evacuation plan was approved by the New Zealand Fire Service in 1994 (confirmed by FENZ letter dated 8 May 2024). The plan considers the special needs of tāngata whaikaha should there be a need to evacuate. The facility is sprinklered and has wired smoke alarms in place. Also in place are fire appliances, which were checked in February 2024. There was a first aid certified staff member on duty 24/7 on the rosters reviewed. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Alternative energy and utility resources are available should the mains supplies fail. A civil defence emergency management plan is clear about the responsibilities of staff in the event of a civil defence emergency. There is a call bell system in place to alert staff to residents requiring assistance. Residents were observed to have their call bells in close proximity. Residents and whānau reported staff respond promptly to call bells and this was noted during the audit. Appropriate building security arrangements are in place. The facility is

		kept locked from dusk to dawn, with staff conducting two-hourly checks during the night. Residents were familiar with emergency and security arrangements. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing name badges and uniforms during the audit.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	Ripponburn has infection prevention (IP), and antimicrobial stewardship (AMS) programmes appropriate to the size and complexity of the service. These had been approved for use by the owners of the facility. Infection prevention and control (IPC) are part of the business and quality plans. The IP and AMS programmes were also linked to the quality improvement system, with results (with the exception of internal audit results - refer criterion 2.2.3) reviewed and reported. The IPC programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the governance team. Documentation reviewed evidenced significant events (eg, outbreaks) were escalated to the governance team within 24 hours. The infection control team involves all staff, with input from the GP. Infection rates are presented and discussed at management, and quality/staff, meetings, with results reported to governance. Ripponburn collects data on infections and antibiotic use across ethnicity to support equity in the IP and AMS programmes. A RN undertakes the role of infection prevention and control nurse (IPCN) to oversee infection control and prevention across the service. The RN is new to the position and is being mentored by the clinical manager. A job description outlines the responsibility of the role and the IPCN has undertaken education to support the role. Access to IP and AMS support expertise is through the facility's GP, the IP clinical nurse specialist from Te Whatu Ora, and Regional Public Health Canterbury.

Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The IPCC is responsible for overseeing and implementing the IP programme, with reporting lines to senior management or the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. These policies were developed with specific expertise in IPC and AMS stewardship. Cultural advice is sought from Promisia's Māori Advisory Group (He Roopa Arahi Māori), Te Whatu Ora and Uruuruwhenua (a local Māori health provider). 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. 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 trained in its use. Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process has been audited (in July 2024 prior to the change to Promisia's internal audit system - refer criterion 2.2.3) to maintain good practice. Single use items are not reused.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally	FA	Ripponburn has a documented AMS programme, appropriate to the size, scope, and complexity of the service, which sets out to optimise antimicrobial use and minimise harm. The AMS programme is overseen by the IPCC at facility level, is supported by policy and procedure, and had been approved by governance. Responsible use

safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.		of antimicrobials is promoted. The effectiveness of the AMS programme had been evaluated by monitoring antimicrobial use to inform ongoing antimicrobial prescribing in the service.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the IPC programme. The programme included standardised surveillance definitions, data collection and analysis that included ethnicity data. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required interventions. A monthly surveillance programme report includes a summary of surveillance activities and areas for improvement. The report is shared with the CM, FM, staff, residents, and whānau. Results of the surveillance programme were also reported to governance. Clear, culturally safe processes for communication between service providers and residents who developed or experienced a HAI were evidenced in file notes and in an interview with the IPCC. A summary report for a recent COVID-19 outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice. Communication between service providers, and residents experiencing a health care-associated infection (HAI), is culturally safe.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally	FA	Ripponburn is an older facility. External, internal, and utility areas require some refurbishment (refer criterion 4.1.1). Overall, Ripponburn maintains a clean and hygienic environment which supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had

safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.		appropriate and adequate access, as required. Interviews with cleaning and laundry staff verified clear processes are documented around the frequency, methods and materials to be used for the cleaning and laundering processes. Safety data sheets for chemicals held in these areas were sighted, as were chemical training records. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and sanitising gel were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Staff interviewed, and observations demonstrated, good knowledge of policies and processes for the management of waste and infectious and hazardous substances. The IPCC has oversight of the facility testing and monitoring programme for the built environment. Laundry and cleaning processes are monitored for effectiveness via the internal audit programme and resident satisfaction survey, and these were sighted. Staff involved were observed to carry out their duties safely. Residents and whānau reported that the laundry is managed well, and that the facility, and communal and personal spaces, are kept clean and tidy. This was confirmed through observation during audit.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Ripponburn is committed to eliminating restraint use in the facility and is working with residents and their whānau to accommodate this. There was one resident using two restraints during the audit: bedrails and a lap belt. The resident had a trial removal of restraint in November 2024, but this was unsuccessful. There are strategies in place in the service to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., through the use of ‘intentional rounding’ (scheduled resident checks), high/low beds, and sensor equipment). Documentation confirmed that aggregated information on restraint use is discussed at facility level and as part of the facility’s clinical

		reporting to the board. The restraint coordinator (RC) is a defined role undertaken by a RN who provides support and oversight of restraint use. The RC is new to the role and is being supported by the CM. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. The RC, in consultation with the GP and the multidisciplinary team, is responsible for the approval of the use of restraint; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making and consent process. The restraint committee continues to maintain a restraint register; the criteria on the restraint register contained enough information to provide a record of restraint use. Restraint is considered during the individualised care planning process, with alternative interventions put into place if the resident is thought to be at risk. Restraint is considered only when all other interventions have failed. Any changes to policies, guidelines, education and processes are implemented if indicated. There are processes in place in policy for emergency restraint should this be required. Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of orientation, and through the education programme. Restraint use is identified as part of the quality programme (with the exception of internal audit - refer criterion 2.2.3).
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices,	FA	When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy was facilitated, as necessary. Monitoring of restraint is overseen by the RC, in conjunction with the CM and the resident's GP, and takes into consideration the person's

implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.		cultural, physical, psychological, and psychosocial needs and addresses wairuatanga. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record, including all requirements of the standard. No emergency restraint has been used by the service, but the protocols for this have been described in policy and can only be used in extreme circumstances (in the event of a potential serious injury to the resident or another person). Emergency restraint is limited to 'handholding', and this would be reported as a significant event. Debrief would be available following any use of emergency restraint.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has been reduced from three to one since the last audit.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	PA Low	There is an internal audit programme in place which has being recently transitioned to the Promisia HealthCare schedule. Between September and the days of audit, four audits under the Promisia schedule had not been completed at all (lifestyle, chemical management, nutrition, and wound management). Of the remainder (11), one audit (the electronic medication management system and usage audit) was complete with corrective actions identified and signed off, one audit was ‘scored’ as 100% (clinical documentation) but had a corrective action noted on the summary, and nine audits were not fully completed (medication, food services, residents’ rights, quality and risk, restraint,	Internal audits are not always being completed to the audit schedule and not all audits are fully completed with deficits identified and corrective actions documented and addressed.	Provide evidence that internal audits are being completed to the audit schedule and that all audits are fully completed with deficits identified and corrective actions documented and addressed. 180 days

		health and safety, infection control, personal care, and human resources). These either did not have a summary of the auditor's corrections noted where deficits were found (seven) or were incomplete (two). Added to this, six (from the nine incomplete audits) did not have an auditor name or date of audit documented, one had the auditor identified but no date of audit, and two had the auditor and date of audit identified.		
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing	PA Moderate	A review of eight files showed that a range of residents' needs were identified and the care plans of three of these were fully addressed. Five of eight care plans reviewed, however, did not identify all the present or potential residents' needs. These specifically related to a management plan for a resident requiring restraint, a resident identified as at risk of wandering, a resident whose condition will deteriorate and management strategies for an increase in pain, the potential for a resident with congestive heart failure to deteriorate and early warning signs to be alert to, the potential risks for residents with diabetes and the required attention needed in care of their feet, and the potential risks of a bowel obstruction in residents with a bowel condition.	Five of the eight care plans reviewed did not fully describe the support required to address the residents' actual or potential needs. Early warning signs and risks that may affect the person's wellbeing are not documented with a focus on prevention or appropriate escalation.	Provide evidence that care plans fully describe the support required to address the residents' actual or potential needs. Early warning signs and risks that may affect the person's wellbeing are to be documented with a focus on prevention or appropriate escalation. 30 days

practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.				
Criterion 3.5.5 An approved food control plan shall be available as required.	PA Moderate	An audit of the food verification plan for the kitchen at Ripponburn was undertaken in September 2023. Six areas were identified as opportunities for improvement, to be addressed at the next audit. The plan was verified for 12 months. A verification audit was due to be undertaken in September 2024. An email sighted from the Central Otago District Council, stated they have no ability to do the audit at that time and it was rescheduled for 18 December 2024. However, the plan by the organisation to change the scope of the Ripponburn kitchen to a servery, and the change of ownership of the facility, has resulted in the Council	Ripponburn is operating a kitchen with an expired food control plan and the service at the time of audit was not managing food in a way that ensured residents received food the complied with food safety standards. Transition to a servery on the Ripponburn site and an offsite kitchen has not been fully scoped, approved, or fully implemented.	Provide evidence that the service is operating a kitchen or a servery in a manner that ensures the provision of food to residents meets the required food safety standards, and that the service has been approved by an appropriate authority. 30 days

		postponing the audit at this stage, until a new scope of service is submitted. The service currently does not currently operate with an approved food safety plan. Criteria that would have been checked during the food control plan audit have not been attended to at Ripponburn. Frozen foods received on site had no records of temperatures being checked on arrival. A cleaning schedule was in place; however, cleaning had only been documented sporadically. A chest-high freezer, containing foods to be cooked onsite, required defrosting. In addition to this, the temperature of meals being transported in from the offsite kitchen had not been checked prior to service.		
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	Refurbishment is required inside and outside the facility, although some internal refurbishment has taken place, particularly in dining and living spaces. Examination of the outside of the facility showed numerous cracks in the rendering of the walls, and swollen woodwork that is in need of being repaired and repainted. Internally the environment is 'tired', though residents described it as "homely". Wall painting is required in many places which show evidence of 'wear and tear'.	Observations confirmed that the facility was not being externally and internally maintained to the required standard. There is a need for refurbishment work across the facility.	Provide evidence of a refurbishment programme to improve the external and internal maintenance of the facility. 180 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.