

Presbyterian Support Otago Incorporated - Ranui 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 BSI Group New Zealand Ltd, 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:	Presbyterian Support Otago Incorporated
Premises audited:	Ranui Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 1 July 2025 End date: 2 July 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	44



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.

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
Yellow	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
Red	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

Ranui Home and Hospital is one of nine aged care facilities managed by Presbyterian Support Otago. The service is certified to provide hospital (geriatric and medical) rest home, and dementia level of care for up to 48 residents. At the time of the audit there were 44 residents in total.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, management the general practitioner, and staff.

The facility manager has experience in the aged care industry and is supported by a clinical manager, the quality advisor and the wider senior management team at Presbyterian Support Otago. There is a focus on delivering person centred care for all residents, encompassing the Enliven Philosophy in all aspects of service delivery.

This certification audit identified shortfalls related to monitoring charts and medication management.

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.



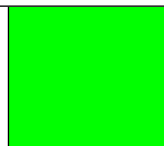
Subsections applicable to this service fully attained.

A Māori health plan is documented for the service. The service works to embrace, support and encourage a Māori worldview of health and provide high-quality and effective services for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. A Pacific health plan is documented and available for residents who identify as Pasifika.

The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service.

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.



Subsections applicable to this service fully attained.

The strategic plan and business plan documents include a mission statement and operational objectives. Both include strategies to provide equitable care for all residents and identify any barriers to care and services.

Presbyterian Support Otago has effectively implemented quality and risk management systems in place that take a risk-based approach. These are implemented at Ranui Home and Hospital to meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. Health and safety is appropriately managed to ensure the safety of residents and staff.

Rosters evidenced adequate staff on each shift. A role specific orientation programme and regular staff education and training are in place. Staff complete annual competencies related to their roles. There is safe storage of staff and resident information.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to or on entry to the service. The registered nurses and enrolled nurse are responsible for each stage of service provision. The nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

There is an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses, an enrolled nurse, and healthcare assistants responsible for administration of medicines have completed annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicles have current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level. All staff have completed education in relation to infection control and Te Tiriti o Waitangi. Resources in te reo are available. Antimicrobial stewardship is monitored. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

Housekeeping and laundry services are provided seven days a week. there was an outbreak developing at the time of the audit. All outbreak procedures were followed, and all staff were aware of the procedures and processes to follow. There were plentiful supplies of personal protective equipment around the facility including masks and hand gel.

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 restraint coordinator is a registered nurse. The service is committed to a restraint free environment. There are no residents using restraint. Restraint minimisation and safe practise training is included as part of the orientation process and included in the

annual mandatory training plan. The service considers least restrictive practices, implement diversion, de-escalation techniques and alternative interventions, and would only use approved restraint as the last resort.

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	1	1	0	0
Criteria	0	166	0	1	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>A Māori Health Plan and associated best practice cultural policies are documented and available to staff. Te Tiriti o Waitangi is central to the identity of Presbyterian Support Otago (PSO) and their commitment to partnership. The organisation seeks to honour and give effect to the principles of partnership, protection and participation and seek to work with their iwi, Ngāi Tahu mana whenua, in ways that align to the dreams and aspirations for Ngāi Tahu. Presbyterian Support Otago acknowledges and is committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person's culture is acknowledged, respected and maintained. The strategic plan includes strategies of how the organisation evidences the implementation of Te Tiriti o Waitangi through all levels of service delivery.</p> <p>PSO has affiliations with nine local iwi and seeks regular input from stakeholders to ensure culturally safe service provision. There is evidence of regular engagement and whakawhanaungatanga between Ngāi Tahu and PSO.</p> <p>Te Whare Tapa Wha Māori Model of Health, the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are part of staff training and enacted in the work with</p>

		<p>residents. Elements of this are woven through other training as appropriate. The Enliven philosophy and approach means each person's cultural needs are considered individually. There were residents who identified as Māori on the days of the audit. Whānau confirmed during interviews that any cultural preferences were documented during the admission process.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. There were staff who identified as Māori at Ranui Home and Hospital. The staff interviewed (four registered nurses [RNs], three healthcare assistants [HCAs], three activities coordinators, one food services manager, one housekeeper, one laundry assistant and one maintenance) and three management (one facility manager, one clinical manager and one quality advisor) were all confident describing how they provide culturally appropriate care for all residents in relation to their role.</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>There is a comprehensive Pacific Health plan developed by the organisation in consultation with Pasifika advisors from Health New Zealand Te Whatu Ora. The plan focuses on achieving equity and efficient provision of care for Pasifika and is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in several different languages according to individual resident need.</p> <p>On the day of the audit, there were no residents who identified as Pasifika. PSO has several staff from a variety of cultures, and relevant staff are consulted to assist with identifying the appropriate linkages in the community as needed. There were staff members who identified as Pasifika employed at Ranui Home and Hospital. The organisation actively recruits for representation from Pasifika peoples at a governance level. PSO have linkages with Pasifika through staff contacts in the local community.</p> <p>All residents have their personal preferences and cultural needs identified on admission in the 'getting to know me' assessment.</p>

		Family/whānau are routinely invited to be included in the care planning process.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code is displayed in multiple locations in English and te reo Māori. This is also available in a variety of different languages as required. Details relating to the Code are included in the information pack that is provided to new residents and their family/whānau on admission to the service. The facility manager discusses aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the resident/family meetings. Four residents (hospital) and five family/whānau (three hospital and two dementia) interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. The satisfaction survey identified 97% of residents and 100% of family/whānau (both hospital and dementia) felt residents had choice.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available to residents. There are links to spiritual supports. Church services are held. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy and this is reinforced through the education sessions held. The organisation is in the process of reviewing the Enliven philosophy with the Māori cultural advisor to strengthen resident focused aspects of service delivery which will in turn, encourage and support Māori mana motuhake.</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</p>	FA	The Enliven Philosophy training ensures the support of person-centred care, the values and beliefs of individual residents and staff.

<p>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.</p>		<p>Residents interviewed stated they have choice. Residents reported they make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents are supported and encouraged to have control over all aspects of their lives and are involved in care planning. Satisfaction surveys reviewed evidenced a high level of residents felt they had choice, contributed to the service and were treated with respect.</p> <p>It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples residing at Ranui Home and Hospital on the day of the audit; however, there were residents who were married and the residents and spouses interviewed confirmed they were provided with space and privacy.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place.</p> <p>The organisation has changed terminology in the quality plan, Māori health plan, policies, training resources, and wording in internal audits to common te reo Māori words and phrases. PSO as an organisation are steadily weaving te ao Māori into all aspects of service delivery. Te Tiriti o Waitangi and tikanga Māori is encompassed through the Enliven philosophy training and online training sessions. Te ao Māori is also incorporated into the activities programme.</p>
<p>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</p>	<p>FA</p>	<p>The education plan includes abuse and neglect prevention sessions. Staff interviewed could describe signs and symptoms of abuse and neglect and that they would report any such concerns to the RN</p>

<p>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>		<p>clinical manager or facility manager. Organisational policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days celebrate diversity. The Presbyterian Support Otago Incorporated (PSO) code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff are educated on how to value the older person showing them respect and dignity. The education plan includes abuse and neglect prevention training.</p> <p>The residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation and through professional responsibility sessions held as part of the ongoing education plan.</p> <p>A strengths-based and holistic model is prioritised through the Enliven philosophy encompassing respect - whakaute, relationships - whanaungatanga, security - whakahaumarū, choice - kowiri, contribution - whai wahi and activity ngā mahi te rēhia. There is a focus on promoting and supporting all residents to be as independent as they can be.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information about Ranui Home and Hospital is provided in a comprehensive admission pack to residents and family/whānau on admission as confirmed on interview with residents and family/whānau. Regular resident meetings identify feedback from residents and consequent follow up by the facility manager. There are policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau/next of kin of any adverse event that occurs. All correspondence with family/whānau and members of the multidisciplinary team is recorded in the residents' electronic file. The</p>

		<p>accident/incident forms reviewed identified family/whanau are kept informed, and where residents have declined the family notification, this is documented. Family/whānau interviewed stated that they are kept informed when their family member’s health status changes or if there has been an adverse event. Family/whānau also reported they feel they are updated on what is happening around the facility.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there was one resident who had been speaking English as a second language but was now reverting to their native language. There was a staff member who speaks the same language who staff can utilise. The staff described ways they communicate using gestures and simple sentences. This resident’s spouse reported the resident told them they “were happy staying here and liked the staff”.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whanau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The facility manager, clinical manager or registered nurses (RNs) engage with other health professionals that are involved with the resident such as the hospice, and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team. The RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Seven electronic resident files were reviewed with signed general consents sighted for outings and photographs as part of the admission process. Specific consents had been signed by resident and families/whānau for procedures such as influenza and Covid-19 vaccines and boosters. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain</p>

<p>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.</p>		<p>consent for entering rooms and supporting with personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of families/whānau in decision-making where the person receiving services wants them to be involved.</p> <p>Advance directives and shared goals of care for health care, including resuscitation status, had been completed by residents deemed to be competent. There was documented evidence of discussion with the EPOA. Discussion with families/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the HCAs and registered nurses confirmed that staff understand the importance of obtaining informed consent when providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care, as evidenced in the resident files reviewed.</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. 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.</p>	<p>FA</p>	<p>The PSO complaints procedure is provided to residents and family/whānau on entry to the service. Complaint forms are easily accessible in the facility with advocacy services information provided at admission and as part of the complaint resolution process. The facility manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC). The facility manager maintains a record of complaints, both verbal and written. There have been no complaints since the last audit. Residents and family/whānau reported the facility manager, clinical manager and RNs are always available and are responsive to any query before the issue escalates to a complaint. The residents and family/whānau all reported they felt comfortable raising any issues or concerns with either the facility manager, clinical manager or RNs. The facility manager easily described the complaint process during interviews. There have been no external complaints since the</p>

		<p>previous audit.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose, which may include representation from Māori. The facility manager maintains an open-door policy. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication. The complaint policy demonstrates equitable processes for residents and whānau identifying as Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Presbyterian Support Otago Ranui Home and Hospital provides rest home, hospital and dementia levels of care for up to 48 residents. There are 10 dedicated dementia-level beds. Twelve beds are hospital-level only and the remaining twenty-six beds are dual-purpose.</p> <p>On the day of the audit, there were 44 residents; 33 hospital level residents including one resident on a Kia Roha contract who was under 65; and 10 residents were in the dementia unit. There was one resident recently assessed as requiring dementia care was residing in the dual-purpose area. They were planned to be moving to another facility a few days after the audit.</p> <p>Ranui Home and Hospital is one of nine aged residential care homes in Otago. The organisation is governed by a Board of eight representatives and has a constitution to have up to 12 who meet monthly. The Board is currently recruiting new members. Every Board meeting has a strategy review session built into the agenda where there is an item of strategic importance discussed. The strategic plan is set for a three-to-five-year period with annual reviews and a roadmap for operationalisation. All Board members complete an orientation as per policy. There is a wide range of skills and expertise on the Board including a minister from the Presbyterian Church. There are two sub-committees (finance, audit and risk committee, and the clinical governance advisory group). Each board member is required to be a member of one of these sub-committees based on</p>

	<p>their expertise. Reports from these sub-committees are discussed at the Board at the monthly meeting. Reports from the facility managers are collated and reported through the clinical governance committee to the Board.</p> <p>The clinical governance advisory group (CGAG) has a wide range of expertise including (but not limited to) the CEO, the Enliven general manager, PSO CEO, PSO Enliven General Manager, PSO Quality Advisor, PSO Clinical Nurse Advisor, Designated Residential Manager (annual rotating position), a designated PSO Senior Nurse (annual rotating position). The CGAG meet two monthly and start with karakia. All aspects of quality are discussed including (but not limited to) benchmarking, new initiatives, external complaints, certification, policy development and review, and staffing. Meetings are minuted and reported to the Board, managers meetings and the wider staff through facility meetings. All quality data includes ethnicity which is used to improve services and outcomes for residents.</p> <p>There is a documented 2022-2025 strategic plan, which informs the quality plan and includes the organisation’s vision, mission, and values. The strategic plan has been reviewed annually, and the new 2025- 2028 plan is in the final draft stages. The annual business plan links to the overall strategic plan and links to the quality plan. A business plan for each facility is created annually with quarterly reviews and annual reporting to the Board on outcomes.</p> <p>The quality plan (2024-2025) states that “As part of our strategic plan, PSO has embarked on a journey to fully embrace Te Tiriti o Waitangi and its principles into all aspects of our organisation and the services we provide”. The quality plan is comprehensive and encompasses all areas of Presbyterian Support services. The quality plan includes organisational leadership and management, health, safety and risk, quality improvement, restraint, infection control, staffing and development. Each facility has site specific annual goals.</p> <p>The organisation is incorporating te reo Māori words and phrases into all organisational documents. There is a well-documented Māori Health plan in place. A selection of the Board members can demonstrate expertise in Te Tiriti, health equity and cultural safety. A process to identify and address barriers for Māori for equitable service delivery is ongoing, with additional expertise sought from</p>
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		<p>Māori. There is Māori representation on the Board. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. The clinical governance (CGAG) committee and Board review this feedback to identify barriers to care and improve outcomes for all residents. Input from stakeholders is available and the cultural advisor will also provide feedback and advice around provision of equitable services and minimising barriers to services.</p> <p>The facility manager has been in the role for four years and has extensive experience in the age care sector. The facility manager is supported by a clinical manager who has been in the role for three and a half years. The management team are supported by the quality advisor, Presbyterian Support Otago (PSO) clinical nurse advisor and the senior management team based at head office in Dunedin.</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 quality programme is implemented by the facility manager with additional support provided by the quality advisor. An annual planner/schedule is implemented that includes timeframes for the completion of internal audits and education.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to HDSS:2021. A document control system is in place. Policies are regularly reviewed and include words in te reo Māori.</p> <p>Internal audits are completed as scheduled. Internal audits are completed and signed off by the facility manager Any non-conformity or where a re-audit is required is completed as scheduled. There are a range of meetings held within the facility including (but not limited to) quality and wellbeing (includes health and safety and infection control, and staff meetings. Any matters outstanding from previous meetings are addressed and closed off. Meetings include the Enliven Philosophy which includes a principle for the month. The Enliven Philosophy is person centred and promotes health equity providing excellent high quality individualised services for all residents.</p> <p>Quality data is collated for all key performance indicators (KPI). Data</p>

	<p>includes ethnicity and is analysed and benchmarked between PSO, national Presbyterian Support Services and aged care providers nationally. Benchmarking data is reported at all meeting and reported to the board through the CGAG meetings. The results of the quality data is used to improve health outcomes for residents. As an organisation, PSO benchmarking results evidence the organisation is consistently below benchmark for all KPIs.</p> <p>Ranui Home and Hospital quality goals include ensuring that 90% of residents have shared goals of care documented. The service has achieved 79% completion; increasing communication with family; and satisfaction surveys now include family/whānau engagement. The first family gathering has been held and was a success with 28% of families able to attend. This was held after hours to be more accessible for working families. There was discussions held around enduring power of attorney, advanced care planning, and shared goals. A survey was conducted and through verbal feedback, it was decided quarterly gatherings would be held. Family/whānau have requested that end-of-life care be discussed at the next gathering. Families are being encouraged to be engaged through activities such as volunteering. The service uses text, email, and Facebook to communicate events such as outbreaks with family/whānau. The service is also working on an initiative to increase staff morale, by raising matters sooner to prevent the issue becoming a problem. The facility manager dedicates a day a week where staff can meet with them and discuss any concerns they have. On the day of the audit, the 'guess the baby' competition was underway, where staff supply baby photos and staff and residents guess which member of staff they belong to. The staff engage in a social club which provides a variety of activities including bus trips, curling, and cultural activities where staff dress and provide food from their culture.</p> <p>All resident incidents, accidents and near misses are entered onto the electronic resident management system. The electronic incident reports reviewed were fully completed, with opportunities to minimise risks identified and implemented. Reports are generated and included in KPI data. Two health and safety representatives were interviewed. Both have attended external training and attend the health and safety meetings. Health and safety policies are implemented, and a current hazard and risk register was reviewed. All staff incidents and near</p>
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		<p>misses are recorded on an electronic system, where reports are collated and presented at the central health and safety committee and results are discussed at the manager days, CGAG and reported to the Board.</p> <p>The management team were fluent around statutory reporting and there was evidence of prompt notification of serious events. Section 31 notifications and Severity Assessment Code (SAC) reporting were completed as required. There have been three outbreaks and there was an outbreak developing during the audit, which was noted to be well managed and reported promptly.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The organisational policy outlines on-call requirements, skill mix, staffing ratios, and rostering for facilities. Part time and casual staff cover unplanned absences. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager and clinical manager work Monday to Friday and share the on-call roster. They are supported by a team of RNs. There is RN cover 24 hours a day.</p> <p>Staff and residents are informed when there are changes to staffing levels, and care requirements are attended to in a timely manner, as evidenced in staff interviews. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. The healthcare assistants (HCAs) interviewed reported the RNs are supportive and approachable. Interviews with residents and family/whānau indicated that overall, there are sufficient staff to meet resident needs.</p> <p>There is an annual education and training schedule. The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services. Presbyterian Support Otago (PSO) have adopted an online training platform which provides a wide range of training sessions for staff. The education plan includes all compulsory training sessions and annual competencies staff complete on an annual basis. Records of attendance and completion of online training are maintained. The Enliven Philosophy education sessions cover key aspects of all</p>

		<p>cultures and relates that back to all areas of service delivery. Cultural training includes te reo Māori, tikanga Māori, education on racism and reflection on individual bias and how these impact working practices. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>All staff are encouraged and supported to achieve New Zealand Qualification Authority (NZQA) qualifications through Careerforce. Thirty-one HCAs have achieved level 3 NZQA or above. All staff who work in the dementia unit have completed the required dementia standards. There are 11 RNs (including management) who are interRAI trained. Registered nurses are supported to attend external education and complete annual competencies including interRAI and syringe drivers.</p> <p>A focus of the health and safety committee includes staff wellness. A wide range of activities were described of ways the service promote staff wellbeing. Employment Assistance Programme is available, and the manager sets aside a day a week where she is available to staff. There are a number of staff wellbeing initiatives in place.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held electronically and are password protected. Nine staff files reviewed evidenced implementation of the recruitment process. All roles had job descriptions and role specific orientation packages. All letters of offer contain the employment agreement, job description and code of conduct, which were evidenced as being signed by the facility manager and the employee. All staff who have been employed for more than 12 months have annual appraisals completed as scheduled. Staff ethnicity data is collected and reported as required.</p> <p>A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and are repeated annually.</p> <p>There was evidence of staff feedback and discussions held around</p>

		<p>staff queries and concerns in the meeting minutes reviewed. Staff interviewed felt supported and stated the nurse manger is approachable and were aware of the EAP programme. Debrief sessions were included in meting minutes following outbreaks.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All resident records are held securely in the electronic resident management system which is password protected. Each staff role has limited access to information on the electronic system.</p> <p>Staff no longer working within the organisation have their passwords, logins and access to electronic and online systems disabled. Payroll ensure the staff member has been removed from generic PSO systems. All paper-based records are archived and stored securely for 10 years.</p> <p>Electronic systems are backed up regularly and the medication electronic system has battery back up in the event of emergencies.</p> <p>The service is not responsible for the registration of National Health Index numbers.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Assessments confirming the appropriate level of care and needs assessment authorisation is held on the resident's file. Admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager is available to answer any questions regarding the admission process and a waiting list is</p>

		<p>managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The resident and or family/whanau were updated where there was a delay in entry to services.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</p> <p>The facility has established links with local iwi who can provide cultural advice and training for staff. The facility manager has links in place that ensures support for Māori and whānau through the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities. The clinical manager confirmed that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Seven files were reviewed for this audit including five hospital and two dementia level care residents. This included was one hospital resident on a Kia Roha contract. The registered nurses (RNs) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau and tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori</p>

	<p>health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files had interRAI assessments completed (except the resident under a Kia Roha contract). All residents had initial interRAI and initial long term care plans completed in a timely manner. The long-term care plan includes interventions to guide care delivery and were reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed and evidenced updates made as needs changed. These had been completed within required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections and wounds were well utilised. Interventions were transferred to the long-term care plan in a timely manner. The resident on the Kia Roha contract had a full range of assessments completed on admission and the care plan reflected their goals, aspirations and level of independence and ongoing support to be involved in the community.</p> <p>General practitioners (GP's) from three contracted local practices ensures residents are assessed within five working days of admission. The GP (interviewed) reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. The GP provides on-call service for the weekend. The local hospital provides after hours support between the hours of 6pm and 8am. The clinical manager or facility manager (RN) are available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with all aspects of care and quality of nursing proficiency at Ranui Home and Hospital. The GP advised the quality of referrals received during business and weekends was appropriate. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A physiotherapist is contracted for ten hours a week and provides ongoing support for residents including admission assessments and training and support for staff. A podiatrist visits six to eight -weekly. An occupational therapist is available two days a</p>
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		<p>week. The speech language therapist, dietitian, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and RNs interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. Handover sheets were reviewed and found to be comprehensive in nature. Progress notes are written each shift by HCAs and RNs. Progress notes included any incidents, GP visits and changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>The wound register was reviewed and had comprehensive wound assessments, wound management plans and documented evaluations including photographs to show healing progression. At the time of the audit, there were 25 wounds. This included one stage 2 facility acquired pressure injury, as well as skin tears, skin lesions, chronic ulcers, surgical wounds, minor lacerations and other wounds were being treated. The registered nurse confirmed that they refer more complex wounds to the nurse specialist as evidenced with chronic wounds. The wound care specialist has had input to chronic wounds and the pressure injuries. The HCAs and RNs interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; repositioning and restraint monitoring. On interview staff stated monitoring was implemented as scheduled; however, documentation of repositioning was inconsistent. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
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<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>There are four activities coordinators who provide activities Monday to Friday including one activities coordinator who shares their hours with a nearby sister facility. One of the staff is a qualified diversional therapist and one is actively engaging in study towards a qualification. Volunteers provide additional support to the activities team. The activities team all have current first aid certificates. The programme is supported by the HCAs, minister for pastoral care and various church groups.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. A copy of the monthly programme is delivered to each resident's room. There is a closed Facebook page which shares the monthly programme and photographs of activities and current information. The activity team facilitate opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and technology-based activities offered. There are two lounges and an activity room where residents and families/whānau can watch television and access newspapers, games, puzzles and specific resources.</p> <p>A resident's lifestyle profile includes information on social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly as part of the long-term care plan review. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment and outings. Activities include (but are not limited to) exercises; music, crafts; games; quizzes; entertainers; housie; armchair exercises; bowls; board games; hand pampering; happy hour; and baking. There are weekly van drives for outings, regular entertainers visiting, playcentre visits; guest speakers; and interdenominational services.</p>
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		<p>There are three monthly resident meetings where residents can provide feedback on activities and make suggestions. There are also quarterly family gatherings (new initiative) held in the evenings which are well attended. Residents and family/whānau interviewed stated the activity programme is meaningful, engaging and that they appreciate having opportunities to have input into the programme.</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>PA Moderate</p>	<p>There is a medication management policy that meets safe medication practice. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. Ranui Home and Hospital uses an electronic medication system with all regular use and pre re nata (PRN) medications provided in individual plastic rolls. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>The two medication rooms within the facility were reviewed and medications were found to be stored securely. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge and room temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions; however, nasal sprays had not been consistently discarded as required.</p> <p>All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per schedule.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and</p>

		<p>allergy status identified. There were residents self-administering medications on the days of audit. PSO has the necessary policies and procedures in place in relation to self-administration. Residents who self-administer medications have competence assessments signed by the GP. On interview one resident confirmed they were given the opportunity to manage their own medications.</p> <p>PRN medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent HCAs or RNs sign when medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The RNs and clinical manager described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required. The clinical manager described how they work in partnership with residents to understand and access medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring in April 2026. Dry ingredients were decanted into containers for ease of access with the decanting and expiry date clearly visible. The four-weekly seasonal menu has been reviewed by a dietitian. The food service manager is a qualified chef and is supported by a team of eight including a part time cook and kitchen hands. All kitchen staff have completed safe food handling.</p> <p>There is a food services manual available in the kitchen. The food service manager receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The food</p>

		<p>service manager (interviewed) is aware of resident likes, dislikes and special dietary requirements. Residents' profiles (sighted) provided evidence of recent review. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The kitchen team use an electronic system for all aspects of the food service. This includes cleaning schedules, and fridge/freezer temperature monitoring. The food service manager can see at a glance where tasks are overdue or where there is an anomaly with any aspect of the kitchen. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Residents who don't wish to have their meals in the communal dining areas can have their meals in their bedrooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. Additionally, the food service manager ensures their availability to engage with the residents individually as to address any issues promptly.</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>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The resident and family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or</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>Kaupapa Māori agencies, where indicated or requested. The registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 16 June 2026. There have been improvements made to the front entrance and reception areas since the last audit. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The maintenance person (also the health and safety representative) works 40 hrs a week Monday to Friday across Ranui Home and Hospital and a nearby sister facility and provides on call 24/7. The maintenance role includes maintenance of the gardens and grounds. There is a maintenance request book for repair and maintenance requests located in the main nurse's station. This is checked daily and signed off when repairs have been completed. There is a monthly and annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/ trades services are available 24 hours as required. Testing and tagging of electrical equipment has been completed in March 2025. Medical equipment, hoists and scales were last checked and calibrated in March 2025.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The internal and external courtyards and gardens have seating and shade. There is safe access to the courtyards and gardens. All communal areas are easily accessible for residents with mobility aids with ramp access. Healthcare assistants interviewed stated they have adequate space and equipment to safely deliver care for hospital, and dementia level of care.</p> <p>The Alexandra, Clyde and Omakau wings are all dual purpose: All rooms have shared bathroom facilities between the rooms and two have individual ensuite facilities. The shared bathrooms have privacy</p>

	<p>locks. All rooms are single occupancy with shared ensuites. There are sufficient communal toilets situated in the vicinity of the lounge and dining room. A toilet near the reception area is available for visitors and there is a separate toilet for staff. There is access to two internal courtyards. There is a large lounge and a separate dining room adjacent to the main kitchen, a small lounge, and an activities room. The nurse's station in the area overlooks the central lounge. The area is designed so that space and seating arrangement provides for individual and group activities. There are quiet, low stimulus areas that provide privacy when required including individual rooms.</p> <p>The Gillespie (dementia) wing is secure and can be accessed by secure keypad. The wing is designed so that space and seating arrangement provides for individual and group activities. There are quiet, low stimulus areas that provide privacy when required including individual rooms. There is a safe and secure outside courtyard that is easy to access. There is a large lounge and dining room with kitchenette, and small seating/dining areas in the dementia unit. The unit has ten single rooms with a mix of ensuite and shared bathrooms.</p> <p>There is electric panel heating in all resident rooms which can be individually adjusted and heat pumps in the communal areas throughout the facility. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Seven rooms have ceiling hoists installed. Healthcare assistants interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. There are seating alcoves throughout the facility. There is safe access to courtyards and gardens which provides seating and shade. All communal areas are easily accessible for residents with mobility aids. All bedrooms and communal areas have ample natural light and ventilation.</p> <p>There are no plans for building projects, or further refurbishments; however, if this arises, PSO have procedures in place to utilise their Māori contacts to ensure aspirations of Māori identity are included.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation.</p> <p>The evacuation scheme approval is dated November 1999. A fire evacuation drill is repeated six-monthly. There are call bells in the residents' rooms, communal toilets and showers and lounge/dining room areas. Indicator lights are displayed in enunciator displays, on mimic panels in the nurse's station and to pagers. Maintenance staff check call bells are working correctly. The residents were observed to have their call bells in close proximity. Residents and/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a clearly identified cupboard. Supplies are checked monthly and stocks replaced as required. In the event of a power outage, the service has a small generator on site and a preferential arrangement with a local provider to supply a generator. The service is in the process of ensuring the facility is wired and ready for a large capacity generator. There is additional battery back-up power for lighting available and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per person per day for a minimum of three days and sufficient food for five days. Emergency management is included in staff orientation and external contractor orientation and is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available.</p> <p>The building is secure after hours, and an external security company and staff complete regular security checks at night. There are security cameras at the entrances to the facility. The dementia wing is always secure.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection prevention control nurse (IPC) has support from the clinical nurse advisor. Infection prevention is discussed in the combined quality forum group. The group has representation from each facility and includes the PSO clinical nurse advisor who provides support as the infection prevention coordinator across the group.</p> <p>Infection rates are presented at staff meetings and discussed at quality meetings and Clinical Governance Advisory group (CGAG) meetings. The Board receives reports on progress of quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection control and AMS two-monthly, and any significant infection events. The service has access to infection prevention support from Health New Zealand. Outbreaks and significant infection control events are reported to the facility manager immediately, who notifies head office.</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 control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed on a regular basis in consultation with the infection control coordinators. Policies are available to staff via the intranet. The organisational infection control programme is reviewed annually as part of the quality plan. Infection surveillance data is collated monthly and is included in the benchmarking data.</p> <p>The outbreak management plan is in place and was implemented at the time of the audit for a Covid-19 outbreak. Adequate supplies of personal protective equipment was sighted, and staff had implemented good isolation precautions. The infection control coordinator is the clinical manager who oversees infection control and prevention across the facility. The infection control coordinator has</p>

		<p>attended external infection control education. There are infection control representatives from across the facility. Infection control is discussed at all facility meetings.</p> <p>There are policies and procedures in place around reusable and single use equipment. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Cleaning, infection control and environmental audits are completed to safely assess, and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, and sterile single use wound packs for wound management and catheterisations. The clinical nurse advisor and the infection prevention coordinator have input into the procurement of good quality personal protective equipment (PPE), medical and wound care products, and would be involved if there were any major refurbishments or building projects. Expiry dates of equipment and infection control stock are regularly checked.</p> <p>There is good external support from the GP, laboratory and the PSO clinical nurse advisor. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, the closed Facebook page and email.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation can source educational resources in te reo Māori information around infection control for Māori residents. The clinical manager and facility manager explained how they will ensure participation in partnership with Māori for the protection of culturally safe practice in IP and acknowledge the spirit of Te Tiriti</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	There is an organisational antimicrobial use policy and procedure documented. The infection control coordinator monitors compliance

<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>		<p>on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions and medical notes. The antimicrobial policy is appropriate for the size, scope and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. The infection control coordinator has adopted the 'guide to improving the use of antibiotics in the management of urinary tract infections through the Health Quality and Safety Commission. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at quality meetings. The management team are working alongside the pharmacies and GPs to reduce polypharmacy.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policies. Monthly infection data is collected by the clinical manager from the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a facility monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at facility meetings, clinical forum meetings and the CGAG group meetings. Ethnicity data is included in surveillance data captured around infections and this is included in the meeting minutes. Meeting minutes and graphs are displayed in the staffroom and infection control noticeboard for staff. Action plans are required for any infection rates of concern. Annual internal infection control audits and biennial five movements of hand hygiene audits are completed, with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns.</p> <p>There have been two influenza type outbreaks, and one Covid-19 outbreak reported since the previous audit. There was a Covid-19 outbreak developing during the audit. This was reported swiftly to the management, head office and the relevant authorities. An outbreak log is being maintained, and staff, residents and families were updated regularly. Appropriate isolation precautions were in place and all staff were wearing appropriate PPE as per policy. All staff and visitors were required to wear masks at all times. Outbreak kits and</p>

		PPE were plentiful and easily accessible.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturers' labels and stored in locked areas. Cleaning trolleys are kept secure when not in use and are stored in a locked cupboard, with stock cleaning chemicals. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>Sluice rooms have infection control posters displayed prominently on walls. There are stainless steel benches, separate handwashing facilities with flowing soap and paper hand towels. There is a sanitiser in each sluice room. Plentiful supplies of PPE was easily accessible.</p> <p>Housekeeping and laundry services is provided seven days a week. The housekeeper interviewed was knowledgeable of infection control practices and the current outbreak.</p> <p>The laundry has a dirty area where laundry comes in to be washed. It then moves to a clean area for drying and folding. Clean linen is returned to linen cupboards on trolleys while personal laundry is returned in individual baskets. The linen cupboards in each unit were well stocked. The washing machines and dryers are checked and serviced regularly. The laundry assistant described the process of laundering infectious linen and extra precautions in place during the current outbreak.</p> <p>Surveys evidenced residents and family/whānau across the service levels were satisfied with the cleanliness of the facility and laundry services provided. Infection control and environmental audits are completed to ensure compliance. These are monitored and reviewed by the infection control coordinator.</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>The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. A registered nurse is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>The restraint coordinator, RNs and HCAs interviewed are conversant with restraint policies and procedures. The restraint policy confirms that restraint consideration and application would be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. On interview the facility manager confirmed that when restraint is considered, management and staff would work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit there were no residents using restraint.</p> <p>Ranui Home and Hospital is committed to providing services to residents without use of restraint. The use of restraint (if any) is reported in the quality and staff meetings. The quality advisor was interviewed and confirmed the organisations focus on minimising restraint use. Restraint use including ethnicity is reported to the Clinical Advisory Governance Group each month. Restraint minimisation is included as part of the training plan and orientation programmes and includes annual competencies.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes</p>	PA Low	There are comprehensive policies around all aspects of assessments, monitoring and reviews. All residents requiring monitoring have the frequency of monitoring documented on care plans. Monitoring is scheduled; however, not all monitoring has been completed as directed.	Repositioning charts were not completed as scheduled for two of two resident files reviewed.	<p>Ensure monitoring occurs a scheduled.</p> <p>90 days</p>

are documented.				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>Medications are safely stored in locked trolleys and in locked medication room and eyedrops are dated on opening, stored and discarded as per manufacturer's instructions. Midazolam sprays evidence a pharmacy generated discard date; however, this has not been consistently implemented as scheduled.</p>	<p>Two of six midazolam sprays had not been discarded as per manufacturer's instructions.</p>	<p>Ensure midazolam sprays are discarded as per manufacturer's instructions.</p> <p>60 days</p>

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.