

Ranfurly Manor Limited - Ranfurly Residential Care Centre

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: Ranfurly Manor Limited

Premises audited: Ranfurly Residential Care Centre

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

Dates of audit: Start date: 23 September 2025 End date: 24 September 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: 134

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

General overview of the audit

Ranfurly Residential Care Centre (hereafter referred to as Ranfurly) is in the town of Feilding within the Manawatu district. The service is part of the Promisia Healthcare group. The service is certified to provide care for rest home, hospital (geriatric and medical), dementia, and residential disability – physical for up to 161 residents. On the first day of audit 134 residents were receiving services. This included six tāngata whaikaha - young people with disabilities.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand. The audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, interviews with residents and their family/whānau, and interviews with the chief operating officer, the clinical quality manager, the general practitioner, staff, and management.

The facility manager is appropriately qualified, experienced, and supported by a clinical manager and a team of experienced care and support staff. The service continues to implement the Promisia quality systems and processes. Feedback from residents and family/whānau was highly complementary regarding the standard of care and all aspects of service delivery.

The service has been awarded two continuous improvement ratings relating to the activities programme and cultural safety.

This audit identified no areas requiring improvement.

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.

There are Māori and Pacific health plans and an ethnicity awareness policy with a stated commitment to providing culturally appropriate and safe services. Staff are employed, where able, to represent the ethnicity of the group of residents.

Residents and family/whānau are provided with information about the Code of Health and Disability Services Consumer Rights' (the Code), and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. Incidences of abuse, neglect or discrimination are reported as per policy and legislative requirements.

Open communication between staff, residents, and family/whānau is promoted and was confirmed to be effective. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Promisia Healthcare and its board of directors is the governing body for Ranfurly. The board assumes accountability for delivering a high-quality service to the resident communities with meaningful Māori representation on governance groups. Goals sighted in the strategic plan are formulated and approved by the directors.

Quality objectives are also documented with progress discussed at relevant meetings. A documented quality and risk management system includes processes to meet health and safety requirements with health and safety goals currently being progressed. Hazards are reviewed on a regular basis. All incidents are being reported and recorded.

The management and staff have the required skills and experience to provide appropriate services to residents. Human resources guide the service to good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are maintained.

The staffing policy aligned with contractual obligations and included skill mixes. Residents and family/whānau interviewed reported that staffing levels are adequate to meet the needs of the residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for assessing, developing, and evaluating care plans under the guidance of the care centre manager. Care plans were individualised based on the residents' assessed needs, with appropriate interventions.

Activities are planned to address the residents' needs and interests as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activity programme in place.

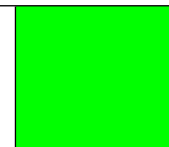
The organisation uses an electronic medication management system to prescribe and administer medications. The general practitioner and nurse practitioner are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. The organisational dietitian reviews the menu plans. Residents and family confirmed satisfaction with meals provided. Nutritious snacks are always available.

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

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

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

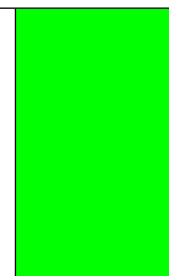


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. There is a maintenance plan implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The dementia unit is secure, and residents can readily access secure and safe outdoor areas. Rooms are spacious enough for residents to move freely with mobility aids and personalised with their own belongings. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. There are security measures to safeguard the residents, staff, and visitors. There is an approved evacuation in place.

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 service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. A registered nurse (clinical manager) is designated as the infection prevention coordinator, and they monitor the programme and report monthly and as issues occur.


Documentation evidenced that relevant infection prevention education is provided to all staff as part of their orientation and ongoing in-service education programme. Infection prevention practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on.

A pandemic plan is in place. If activated, sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan. Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed and reported appropriately. One outbreak has been reported since the last audit.

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed, and safe and effective laundry services ensure the comfort and well-being of residents.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Policies and procedures for restraint minimisation and safe practice align with the standard. The service has reduced their use of restraint as result of restraint elimination project. On the days of the audit there were no residents using restraint. The restraint coordinator is the clinical manager. Staff have ongoing training in the least restrictive practice and in safe use of restraint.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	2	170	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Māori health plan is implemented in conjunction with the Promisia Healthcare strategic direction for Māori Health (2024). The service currently has several residents who identify as Māori. Ranfurly is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plans. There are clear processes to include tikanga in everyday practice and staff training. Residents (where able) and family/whānau provide input into the resident's care plan, activities, and dietary needs, as confirmed during interviews with 16 residents (six rest home including two younger persons disabled (YPD) and ten hospital including four YPD); and nine family/whānau (three dementia, three rest home and three hospital).</p> <p>The facility manager (FM) confirmed that they encourage Māori to apply for roles that are advertised and state that they would always interview suitable applicants for roles. They stated that they are committed to increasing Māori capacity within the workforce and will employ more Māori applicants when they apply for employment opportunities. At the time of the audit, there were Māori staff members. Ranfurly is committed to a culturally diverse workforce, and this is</p>

		<p>evident in the business and Māori health plans. The service incorporates te reo and other cultural concepts in policy and procedures.</p> <p>During the audit, the facility manager (FM), clinical manager (CM), clinical quality manager (CQM) for Promisia and 18 staff (six caregivers, five registered nurses including two team leaders [RNs], two diversional therapists, one housekeeping supervisor, one laundry person, one cleaner, maintenance coordinator, and kitchen manager) described how they provide culturally safe care in relation to their role. Promisia Share point has Māori Health and Tikanga Māori resources including a Tikanga flip chart with staff knowing how to access these resources.</p> <p>The service has existing partnerships with local iwi and Māori organisations within the region to allow for better service integration, equitable service delivery, planning and support for Māori. This includes established links with Aorangi Marae. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The organisation has a Pacific Health plan guided by the principles embodied in the Ministry of Pacific Peoples cultural practices and protocols. It further outlines how the service responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. Ranfurly staff orientation, training and education policy includes components of the Fonofale model of Pacific Health. The organisation is embracing Pacific models of care through various organisations that can provide support and guidance when Pacific people are being supported. The service has access to Pacific organisations and Health New Zealand for support with people who identify as Pasifika. Access to interpreter services and cultural support is arranged where English is a second language, and if no staff members speak the resident's language. The Pacific Health Plan clearly sets out actions that are required to be implemented by the service to ensure Pacific worldviews, cultural and spiritual beliefs, and cultural safety are paramount and embedded in the service</p>

		<p>appropriately.</p> <p>The FM and CM actively try to recruit Pacific staff into the service. There were Pacific staff but no residents at the time of the audit. Ranfurly has established links with the community and other organisations through their staff who identify as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and family/whānau are provided with information about the Code of Health and Disability Services Consumers' Rights' (the Code). The nursing team discusses aspects of the Code with residents and their family/whānau on admission. The Code of Health and Disability Services Consumers' Rights is displayed in English and te reo Māori.</p> <p>Discussions relating to the Code are held during resident and family/whānau meetings. Residents and family/whānau interviewed reported that the service upholds the residents' rights. Interactions observed between staff and residents during the audit were respectful. Age concern have attended resident and family meetings on a regular basis.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrances and in the entry pack of information provided to residents and their family/whānau. The policy documents link to spiritual support. Age concern have attended resident and family meetings and provided information on advocacy services on a regular basis. The service recognises Māori mana motuhake, and this is reflected in the Māori health care plan that is in place. Residents attend church services at the facility or at the catholic church next door as required.</p> <p>Staff receive education on the Code at orientation and through the annual education and training programme. This includes understanding the role of advocacy services, which are linked to the complaints process. They also receive training around including the family/whānau in discussions particularly for family/whānau of residents in the dementia unit. Managers and staff can also describe how they recognise Māori mana motuhake and state that they encourage any residents including Māori to be as independent as possible.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Ranfurly provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality and intimacy policy. Staff received training in sexuality and intimacy as part of their scheduled in-service training.</p> <p>The residents interviewed were positive about the service in relation to their values and beliefs being considered and felt they were listened to. Privacy is ensured and independence is encouraged. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported to decide whether they would like family/whānau members to be involved with their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and family/whānau interviewed said they are respected and welcomed at the service. Younger persons are encouraged to maintain external interests and cultural, spiritual, and personal interests including access to the community. Younger people interviewed were positive about the service in relation to their values and beliefs being considered and met and the cultural opportunities.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training with this also confirmed through a review of orientation and training records. Staff interviewed stated that care is delivered and reflective of Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga and te reo Māori is often used in greetings and karakia before eating. A specific cultural area features Māori artwork and provides a venue for singing of Māori songs. Tāngata whaikaha are supported to participate in te ao Māori through the activities programme. The service has been awarded a continuous improvement rating for their efforts to enhance resident wellbeing by focusing on a culturally safe, holistic, and person-centred model of care.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement and staff handbook.</p> <p>Residents and family/whānau, reported that their property and finances are respected, and professional boundaries were maintained. The FM confirmed that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and felt safe. Residents also confirmed that they feel safe. Police checks are completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori health plan in place identified a strengths-based, person-centred care and promotes wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the FM and CM who reported that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau and Māori health organisations and practitioners (as applicable).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and family/whānau reported that communication is open and effective and that they felt listened to. Enduring power of attorney (EPOA) and family/ whānau stated they were kept well informed about any changes to their relative’s general health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and urgent medical reviews. The residents’ records reviewed supported this with a sample of incident forms reviewed confirming that family/whānau had been informed of the adverse event in a timely manner. Staff understood the principles of open disclosure and are guided by policies and procedures.</p> <p>Personal, health and medical information from other allied healthcare</p>

		<p>providers is collected to facilitate the effective care of residents. Each resident's file includes family/ whānau or next-of-kin contact section. Residents and family/ whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through Health New Zealand, if required. Staff can provide interpretation as and when needed and use family/whānau as appropriate. The CM reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Staff interviewed confirmed that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or family/ whānau to translate and regular use of hearing aids by residents when required, is encouraged. Younger residents and family/whānau of younger residents interviewed by the consumer auditor stated their communication needs are met, and they are supported with their communication devices when needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are organisational policies around informed consent that align with the Health and Disability Commissioners Code of Health and Disability Consumers' Rights. General consent forms were signed appropriately, either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. The organisational advance directive policy has been implemented. There is advance care plans documented to assist in planning the resident's care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were activated for dementia level residents, and for others if appropriate, and all associated documentation was evident in resident files. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making</p>

		process and in the planning of resident's care.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The service has a current complaints policy. Associated forms include the incident form, complaint form, complaint follow-up form, and complaint register. The complaints procedure policy is in line with and reflects the principles of the Code and the guidelines provided by the Health and Disability Commissioner (HDC). The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed in a fair and equitable manner.</p> <p>The paper-based complaint register was viewed. There were nine complaints in 2024 (including three HDC complaints carried over from 2022 and 2023 and seven in 2025 (year to date)). All internal complaints reviewed included acknowledgement, investigation, follow-up, and replies to the complainant. No trends were identified, and all the complaints were closed as resolved to the complainant's satisfaction. Two of three complaints received from Health and Disability Advocacy Service were investigated and closed with no requirement for further action. There was one HDC complaint lodged in February 2025 that was still open. The service has responded as requested and is awaiting further communication from HDC.</p> <p>An interview with the management and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau are aware of their rights to complain, and Consumer Code of Rights posters were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process. Residents and family/whānau lodging a complaint can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or support the resident or family/whānau in accessing independent advocacy services. The FM confirmed that the complaints policy aims to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed</p>

		along with face-to-face discussions if requested (always offered).
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Ranfurly is part of the Promisia Healthcare group. The service is certified to provide care for rest home, hospital (geriatric and medical), residential disability physical, and dementia levels of care for up to 161 residents. This includes a 25-bed dementia unit and 136 dual-purpose rooms including 10 rooms suitable for doubles. Sixty-two of the dual-purpose rooms are care suites (under an occupation right agreement).</p> <p>On the day of the audit there were 134 residents. This included 56 using rest home level of care (including one receiving respite, three young people with disability, and two receiving ACC funding); and 59 using hospital level of care (including one on respite, three young people with disability (YPD), and six on ACC). There were 19 residents at dementia level of care. All other residents were under the age-related residential care contract (ARRC). On the day of audit, one care suite was occupied by a couple.</p> <p>The chief operations officer interviewed confirm the organisational structure and strategic direction of Promisia Healthcare. The governance body is made up of five experienced directors who work across and within the aged residential care sector and the retirement village sector. The directors have a close working relationship with both the chief operating officer and the chief financial officer. The leadership team is supported by a support office senior team that include the clinical quality manager, innovations quality manager, project manager, and human resources (HR) manager.</p> <p>This team is guided by Promisia strategic plan, the strategic direction for Māori health, Promisia strategic direction for tāngata whaikaha, purpose and values and report to the COO. Each director has an induction to their specific role and operates within rules relating to corporate governance. The directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector. The directors demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is a Māori advisor working alongside the board of directors. The board meets monthly and receive a clinical report from the clinical quality manager with analysis</p>

	<p>and reporting of relevant clinical and quality indicators; these are discussed to improve services offered.</p> <p>The strategic direction for Māori health and the Māori health plan was developed in partnership with a Māori advisor. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Promisia Healthcare and Ranfurly are committed to supporting outcomes for Māori and equitable service delivery. The goals of the Māori strategy permeate through service delivery and are measured as part of the quality programme.</p> <p>The organisation benchmarks quality data within the organisation and with other New Zealand aged care providers. The clinical governance is overseen by the clinical quality manager who receives monthly CM and FM reports from each of the Promisia facilities. Promisia undertakes clinical manager (CM) forums, local and online training, use of benchmarking quality indicators, learning from complaints and feedback from surveys as ways to share learning and improve the quality of care for Māori and tāngata whaikaha.</p> <p>Promisia has an overarching strategic plan with clear business goals to support its person-centred philosophy. Promisia annually reviews the business and operational plan for strategy and planning. The site-specific quality and business goals for Ranfurly were confirmed as being reviewed annually. Guidance in cultural safety for their employees is provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes, as documented in the strategic direction for Māori health document.</p> <p>The strategic direction for Māori health states that Promisia is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori to ensure the values of care, integrity, community and support reflect throughout the delivery of services. The cultural advisor collaborates with the Board and leadership team in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service through general feedback, including completion of satisfaction surveys, responding to complaints and</p>
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		<p>residents` meetings. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>The service is managed by a FM who is a RN and has been in the role for nine years. They have previous experience in aged care as a RN, and CM. The FM is supported by an experienced CM and administration/reception team. A team of experienced RNs, caregivers, and support staff supports them. The management team reports that staff turnover has been low since the previous audit. The FM and CM have completed over eight hours of training in relation to managing an aged care facility.</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>Ranfurly has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. The internal audits are being completed as per the internal audit schedule. Internal audit results are shared with staff during staff meetings. Quality data includes incidents/accidents, infection and outbreak events, compliments/complaints, satisfaction surveys, internal audits, and staff surveys. All data is analysed to identify and manage issues and trends. A sample of quality, risk and other documentation showed that where monitoring activities identify a need for improvement corrective actions are implemented until improvement occurs. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking occurs against other Promisia facilities.</p> <p>Meetings occurred as scheduled. Residents and family/whānau contribute to quality improvement through feedback/surveys, complaints, and internal audit activities. The outcomes from the 2025 resident and family/whānau satisfaction survey (He Ara Whakapiki Oranga - Pathways to enhanced wellbeing) evidence high levels of satisfaction related to key areas of service delivery. Any areas which do not perform as well as expected have a corrective action plan implemented with regular monitoring on the progress. The results of quality data, satisfaction surveys and corrective actions are discussed with staff at staff meetings. Residents and family/whānau were informed of survey results.</p>

	<p>Quality goals have been in place each year and reported against in meetings with overall summaries provided in the electronic system. Physical improvements in the care home include ongoing refurbishments as rooms become vacant. The service has implemented the Promisia Kaupapa policies and documents. Speedy policy implementation is reflective of the Promisia strategic direction and current legislation. The policies reviewed covered all necessary aspects of the service and contractual requirements. Simple, direct language is used in the policy documents to avoid confusion or delay implementing thereof. All policies follow a process that ensures a streamlined approach for approval, documentation control, and compliance tracking.</p> <p>The staff surveys evidence high levels of satisfaction and verified that staff felt equipped to provide services that align with Promisia values and a strength-based model of care that reflect a holistic approach to promote wellbeing for all. Quality initiatives include "Voices in care", restraint minimisation, and activities (community baking). Critical analysis of organisational practices to improve health equity occurs, with appropriate follow-up and reporting.</p> <p>The FM and CM described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks, and developing mitigation strategies. Staff documented adverse and near-miss events in accordance with the adverse event management policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner. The Severity Assessment Code has been implemented for risk ratings of adverse events and reported as required to the Health Quality and Safety Commission (HQSC) in relation to fractures following falls. The service complies with statutory and regulatory reporting obligations. Section 31 notifications have been completed for two resident events and an unplanned power outage since the previous audit. Notifications have been made to the Health Quality and Safety Commission (HQSC) for any pressure injuries where required.</p> <p>The FM and CM were aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of health and safety and infection prevention</p>
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		<p>during the outbreaks that have occurred since the last audit. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard and risk register is in place with this reviewed at regular intervals throughout the year. There is evidence of completed environmental audits with corrective actions put in place and resolved in a timely manner when required. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing and culturally competent staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The FM and CM work full time, Monday to Friday and are available on-call 24/7 supported by the team leaders on a rostered rotating basis. Furthermore, there are RNs on morning, afternoon, and night shift. One team leader oversees the dementia unit with RN's either rostered within the unit or overseeing it 24/7. There are dedicated staff to complete recreation, household, kitchen, and maintenance tasks. The facility adjusts staffing levels to meet the changing needs of residents. Review of the current and previous rosters showed shifts were covered by experienced caregivers and RNs. Care staff reported that staff numbers are adequate to complete the work allocated to them. The residents and family/whānau interviewed supported this. Residents and family/whānau interviewed stated they are informed of any changes to staff.</p> <p>Ongoing education is planned on an annual basis and includes mandatory training requirements. Competency assessments include hand hygiene; donning and doffing of personal protective clothing; medication administration; restraint use; fire safety; moving and handling; syringe driver and first aid competencies. Training for care staff and RNs included: safe moving and handling; Te Tiriti o Waitangi; abuse and neglect prevention; health and safety; behaviour management; dementia training, medication management; chemical safety; privacy and confidentiality; incident management; falls</p>

		<p>management; infection prevention basics, pressure injury prevention and skin deterioration; nutrition and hydration. Evidence of attendance sighted showed sufficient numbers of staff have attended the sessions. Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. There were 75 caregivers. Of those 10 were international qualified RN's (four of whom worked in the dementia unit), 15 have level four, 10 have completed their level three and two have completed level two. All but the newest employees are enrolled to complete the dementia standards within the timeframes required by ARRC. RNs are accredited and maintain competencies to conduct interRAI assessments. Twelve (12) RNs are competent to complete interRAI. The staff records sampled demonstrated completion of the required training and competency assessments. Staff members interviewed reported feeling well-supported and safe in the workplace.</p> <p>The FM outlined the quality improvement work that has been ongoing across the service that ensures that the model of care utilised is embedded and that all residents are treated equitably. Additionally access to the cultural advisors and links in place with local Māori ensures the decision-making tools and guidance is available to achieve equity for Māori. Staff and management completed cultural training. The provider's environment encourages collecting and sharing quality Māori health information. The service works with the cultural advisor and local organisations to provide the necessary guidance and decision-making tools to achieve health equity for Māori. There is an employee assistance programme in place to promote staff wellbeing. Staff participate in an annual employee satisfaction survey. Results reviewed confirmed that staff rate the service highly in all key areas. Staff reported that management are supportive, available and promote a family friendly culture.</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>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of 13 staff records (four caregivers, four RN's, one diversional therapist, one maintenance manager, one cook, one kitchen</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. 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>hand, and one housekeeper) reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Records confirmed that all regulated staff and contracted providers had proof of current registration with their regulatory bodies. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted. Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>Following incidents, the FM and CM are available for any required debriefing and discussion. Staff stated they feel supported following any incidents.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service predominantly uses an electronic information management system with a small number of hard copy information retained until all documentation becomes electronic. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting general practitioner and allied health providers also document the information as required in the residents' records. Policies and procedures guide staff in the management of information. The FM reported that staff have their own logins. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. The records sampled were integrated. Staff confirmed that EPOAs can review residents' records in accordance with privacy laws, and records can be provided</p>

		<p>in a format that is accessible to the resident concerned.</p> <p>Ranfurly is not responsible for the National Health Index registration of people receiving services</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 is a policy for managing inquiries and entry into the service. Entry criteria to the care area include a requirement to be needs assessed for rest home, hospital, or dementia level care if residents are being admitted into the care areas. Authority from the needs assessment service coordination (NASC) were sighted in residents' files (including several residents who were admitted to care suites under occupation right agreements (ORA). There is accurate information about the facility and services available on the Ranfurly website and in an information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time and the FM or CM will complete an enquiry form and discuss their needs, including cultural, physical, psychosocial, and spiritual. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty and where possible can choose their room. Residents and family/whānau interviewed confirmed the entry process was well explained, went smoothly and feel they are always treated with respect and dignity. Where there are delays to entry such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options, and referred to the referrer. Enquiry and admission information is entered into the electronic system where Promisia monitors entry and decline rates. This includes ethnicity.</p> <p>The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. 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>FA</p>	<p>Thirteen resident files reviewed identified that initial assessments and care plans, interRAI assessments (where relevant), and long-term care plans were resident centred and completed in a timely manner. The files reviewed included six rest home level residents (including one resident funded by the Accident Compensation Corporation (ACC), one resident on a respite contract and one younger person with a disability), four hospital level of care (including one resident funded by ACC, and one younger person with a disability), and three residents in the dementia unit. Resident, family/whānau, EPOA, and general practitioner (GP) involvement is encouraged in the plan of care. The RNs are responsible for conducting all assessments and for the development of care plans.</p> <p>Care plans were linked to interRAI assessments (where relevant), and triggered outcome scores were identified. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed, and this was documented in progress notes. Residents and family/whānau interviewed reported that the developed interventions were appropriate and effective. Assessment tools considered residents lived experiences, cultural needs, values, and beliefs. The RNs reported that the service develops goal-oriented long-term care plans. The care plans document the activities of daily living, support required, and residents' health issues. All residents had identified activities of choice and were actively supported to engage with help from staff.</p> <p>Interviews verified that residents and family/whānau were included and informed of all changes where required, as evidenced in the resident files reviewed. The family/whānau and residents interviewed confirmed their involvement in evaluating progress and any resulting changes. Staff interviewed were able to describe in detail interventions provided that contributed to the residents achieving their goals, and that contributed to the overall health and wellbeing of the residents. Residents in the dementia unit had behaviour assessments and behaviour charts in place. For residents with behaviours that challenge, there is a 24-hour care plan with specific strategies and interventions to assist with de-escalation.</p>

	<p>There are weekly GP visits, and an afterhours service available. Three-monthly reviews were completed promptly or more frequently where required. The assessments completed informed the development of residents' person-focused care plans.</p> <p>Where progress was different from expected, the service and residents or family/whānau, responded by initiating changes to the care plans. Short-term care plans were completed for issues such as infections. The goals sampled in the care plans reflected residents' strengths, goals, and aspirations that aligned with their values and beliefs. The evaluations included the degree of progress towards achieving their agreed goals. There were detailed strategies documented to maintain and promote residents' independent wellbeing. Residents in the dementia unit had twenty-four-hour activities and care plans in place. Behaviour management plans identify triggers and care plan interventions were implemented as required.</p> <p>Medical input was sought within an appropriate timeframe, orders were being followed, and care was person-centred. This was confirmed in the files reviewed and in interviews conducted with the staff. Completed medical records were sighted in all files sampled. Files sampled identified service integration with other members of the health team. The GP interviewed expressed satisfaction with the care provided.</p> <p>Staff reported that sufficient and appropriate information was shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were documented to reflect a true picture of the residents' care journey. A multidisciplinary approach promotes continuity in service delivery, including the GP, RN's, activities staff, kitchen staff, care staff and other allied health team members, residents, and family/whānau. Any change in condition is reported to the GP and RNs, as evidenced in the records sampled.</p> <p>In assessing and monitoring residents, the following monitoring charts were completed: weight monitoring; pain; blood pressure; blood glucose monitoring; behaviour monitoring; bowel charts; food intake and output; and toileting regime, as required for individual residents. Neurological observations have been completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing</p>
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		<p>follow-up with information provided to the family/whānau.</p> <p>At the time of the audit, there were 41 active wounds including nine chronic wounds, eight pressure injuries (one stage I, five stage II, one stage III, and one unstageable), and several skin tears and minor wounds being treated. Three wounds were reviewed in detail. In each instance there was an assessment, wound plan, a dressing regime including product use and frequency of change, regular photographs to monitor progress, and evaluations following each dressing change. The staff interviewed stated that adequate clinical supplies and equipment, including continence, wound care, and pressure injury prevention resources, were provided.</p> <p>Short term care plans are utilised for acute issues including weight loss and infections. Short term care plans were seen to have been signed off when resolved or transferred to the long-term care plan when ongoing for more than 21 days.</p> <p>The Māori health care plan in place supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The RNs reported that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services is identified, and strategies to manage these documented where relevant. The staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Activities are conducted by a team including two diversional therapists and two activities coordinators. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These were completed during admission in consultation with the family/whānau and residents. A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were placed on noticeboards to remind residents and staff. A newsletter is published regularly.</p> <p>The activity programme is developed by the activities team, in</p>

	<p>consultation with the EPOAs/whānau, residents, and care staff. The activities are varied and appropriate for people assessed as requiring rest-home, dementia, and hospital levels of care. A dedicated activities programme for the younger people with disabilities was reviewed. Activity assessments are completed for each resident within a reasonable timeframe, progress notes, and activity attendance checklists were written daily.</p> <p>Activities in the care centre are provided from Sunday to Friday by the activities team and sufficient resources and guidance are available for caregivers to assist with weekend activities. An activities coordinator facilitates the activities programme in the memory care unit. The activities programme runs from 8.30-4.00 pm.</p> <p>The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The reviewed care plans described a 24-hour rhythm of the day to reflect close to normal routine to assist with management strategies to minimise, distract, or de-escalate challenging behaviours.</p> <p>The planned activities and community connections were suitable for the residents. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives, for all residents (as appropriate). Resident meetings (monthly) provide a forum for feedback relating to activities.</p> <p>The activity staff reported that activities are provided either combined in groups or one-on-one in respective wings, which were observed during the audit. Activities sighted on the respective planners included the dementia unit: news and views, balloon tennis, walks, and pet therapy. The care centre programme included (but was not limited to) quizzes; bingo; floor games; table games; happy hour; movie, men's club; arts and crafts; and music. Regular van outings and church services are included. The variety of activities are meaningful and reflect the spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments of each resident` group. There are monthly events such as cultural lunches and a monthly activity dedicated to the younger people.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities to participate in te ao Māori is facilitated by</p>
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		<p>celebrating religious and cultural festivals and Māori language week.</p> <p>The EPOAs, whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p> <p>A continuous improvement has been awarded for the community baking project.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews.</p> <p>A total of 26 medicine charts were reviewed. Indications for use were noted for PRN medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the progress notes. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Medications with a short shelf life were dated on opening.</p> <p>Medication reconciliation was conducted by the nursing team when a resident was transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription. Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a medication error, and corrective actions were taken. A sample of these were reviewed during the audit. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly.</p> <p>Monitoring of medicine fridges and medication room temperatures was conducted regularly in all storage areas checked, and deviations from normal were reported and attended to promptly. Records were sighted. The prescriber considers over-the-counter medication and supplements as part of the person's medication, as noted on the day of the audit.</p> <p>The RNs were observed administering medications safely and</p>

		<p>correctly. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards. Appropriate documented policy and processes were in place to ensure that residents wishing to self-administer medicines can do so safely. There were residents who were self-administering medications. There were no standing orders in use.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice would be provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All food is prepared and cooked onsite by a kitchen manager (a trained cook), assisted by two other cooks and six kitchen assistants. The food services manual was reviewed and kept in the kitchen. Meals are served directly to resident in the care area dining room and transported to three dining room in a hot box, dining assistant plates normal meals as per meal dietary plans. All meals including special meals are pre plated in the kitchen and sent out in hot boxes to the dining rooms. The temperatures of hot food are recorded. The kitchen was observed to be clean, well-organised and well equipped.</p> <p>There is an approved food control plan in place that is current.</p> <p>Dry food is stored in a walk-in pantry in original packaging in closed containers labelled with the date of opening. The four-weekly seasonal menus have been reviewed by a dietitian. There are two options for tea meals. Dietary needs, preferences, dislikes, allergies, food textural requirements, and food intolerances are identified on admission and reviewed six-monthly as part of the care plan review (or more often if the needs of a resident change).</p> <p>The dietitian visits the facility weekly and is available to provide input into specific dietary requirements. This information is communicated to the cook. Food is fortified as needed and nutritional supplements prescribed are provided. The kitchen manager attends resident meetings to provide the residents with an opportunity to offer feedback on the food service. The kitchen manager meets with individual residents to discuss their personal preferences and dislikes. Modified plates and utensils are available. Nutritious morning and afternoon tea</p>

		<p>and supper is provided along with beverages. Additional snacks and beverages are available particularly in the dementia unit.</p> <p>The kitchen manager on interview demonstrated their understanding of tikanga and confirmed they had been trained in cultural safety on orientation. The menu has Māori and Pacific options provided fortnightly, for cultural celebrations and on request. Staff were observed wearing correct personal protective clothing in the kitchen. Residents participate in food preparation as part of the activities programme. Cultural food options are provided including Māori boil ups, fried bread and individual requested.</p> <p>Refrigerator and freezer temperatures are recorded daily and seen to be maintained within an acceptable range.</p> <p>Residents interviewed confirmed they have a variety of meals which they enjoy. Alternatives are available if they do not like what is on the menu. Feedback is obtained at residents' meetings and residents and whānau can speak with the kitchen manager directly. During the audit, the meal service was observed in each area to be enjoyable and pleasant. Residents are seated at tables with other residents having similar nutritional needs such as minced and moist. Staff were observed discreetly assisting residents as needed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transition to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the RN gives a verbal handover to communicate care needs and potential risks to the ongoing facility. If a resident becomes acutely unwell the RN can call the GP or nurse practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Staff confirmed when a resident is transferred to hospital they send a summary of care needs, medication chart, legal documents, and shared goals of care using the pink envelope system with ambulance staff.</p> <p>Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers including Māori health practitioners as needed. Records were sighted of attendance at clinic appointments at the public hospital, nurse specialist appointments, and</p>

		allied health appointments and if possible, family/whānau are asked to attend appointments with residents.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance coordinator works 32 hours a week (Monday to Friday) plus on-call after hours. The maintenance person is supported is supported by two full time assistants a fulltime gardener. The maintenance coordinator is a joiner by trade and has over eleven years' experience managing maintenance at Ranfurly.</p> <p>There is a maintenance request book for repair and maintenance requests located at reception. Equipment failure or issues are also recorded in the paper-based request system. This is checked daily on weekdays and signed off when repairs have been completed. There is a monthly annual maintenance plan that includes electrical testing and tagging, resident equipment checks, monthly call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Review of hot water monitoring records show the temperature is maintained at a safe level. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment was completed in July and August 2025 and clinical equipment including hoists and scales were checked and calibrated in May 2025.</p> <p>The facility is all on one level providing easy access to all communal areas. The facility is modern, and purpose built with wide corridors which promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is sufficient equipment to meet the mobility and equipment needs of all residents including younger people. There are spacious lounges and alternative small lounge areas throughout Ranfurly. There are seating alcoves throughout the facility. All bedrooms and communal areas have ample natural light and ventilation. The internal and external courtyards and gardens have seating and shade. There is safe access to all communal areas. Young people with disabilities can access private communal areas. Activities take place in a dedicated activities area and in lounge areas. There are</p>

		<p>spacious dining areas in the main care area and a dining room in each of the care suite wings. Residents are encouraged to access fruit plates and sandwiches available at the servery in the dementia unit.</p> <p>The dementia unit provides a home-like therapeutic environment. Individual resident rooms have different colour doors to assist with room identification. The unit is secure with safe access to the gardens with pathways. Outdoor spaces provide opportunity for walking and gardens are designed to provide for sensory stimulation.</p> <p>All dual purpose and dementia rooms have toilet ensuites. There are sufficient communal showers. The care suites have full toilet and shower ensuites. There are identified communal and visitor toilets within the facility with privacy locks. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Four rooms in the hospital wing are equipped with ceiling hoists. There is adequate space for the use of a hoist for resident transfers as required. Caregivers 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 is underfloor heating throughout with heat pumps in the meeting room and some offices. Individual resident rooms temperatures can be adjusted if required.</p> <p>Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents. The FM confirmed they would consult with local Māori (who the facility has close links with) should any alterations or extensions to the building be planned in future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p>	<p>FA</p>	<p>Emergency management policies outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>evacuation of the facility in the case of an emergency. The building has separate fire cells so in the first instance evacuation would be to another fire cell within the building.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 5 November 2013. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, and the last one was held on 10 September 2025. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. An emergency response Civil defence supplies are stored in five secured wheelie bins and checked annually. There are three bins in the care area, one bin in each of the care suite wings and one bin in the dementia unit. In the event of a power outage there is back-up power available from an on-site generator which would be sufficient to run essential services. In times of power outages, the local power company can provide a large generator sufficient to run the whole facility. There are two gas barbeques. There are adequate supplies in the event of a civil defence emergency including sufficient water stored in large tanks behind the kitchen. in ceiling tanks. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. All RN's and a selection of other staff maintain current first aid certificates, so there is always a first aider on site. There is a current resident list with documented mobility of all residents (including younger people) needs to ensure readiness in case of a fire evacuation.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. The doors automatically lock at 1830hrs. There are security cameras installed in reception area, at the entrance, at the rear of the building, at care suite entrances, outside the service area, the kitchen, inside the storeroom in communal areas throughout the facility.</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 prevention and antimicrobial stewardship programmes are appropriate to the service's size and complexity. The governing body have approved these programmes, which are linked to health and safety and the quality improvement system and are reviewed and reported on yearly. There is a defined pathway to communicate significant events to the clinical governance. Expert advice and support is sought from Health New Zealand and key personnel within the executive team. A documented pathway supports reporting progress, issues, and/or significant events to the board of directors.</p> <p>There is a stepwise approach to the management of infection risks. An emergency pandemic plan is documented and has been reviewed. There are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff have received training and updates for managing infection outbreaks. Training records are well maintained.</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 approved infection prevention and anti-microbial stewardship programme is linked to the quality improvement system and reflects the strategic direction of the organisation. Review of documentation and staff interview confirmed there is expert advice available to support the infection prevention programme which is reviewed annually. A RN is the infection prevention coordinator (CM), and the position description for infection prevention coordinator is well-defined and in place. The infection prevention coordinator has input when infection prevention policies and procedures are reviewed. The service has a pandemic plan and guidelines to manage and prevent infection exposure. Infection prevention training is provided to staff, and residents and visitors are updated as required.</p> <p>Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell. Information and resources to support staff in managing Covid-19 and other outbreaks were regularly updated and tested. The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff.</p>

		<p>The care delivery, cleaning, laundry services, and food management processes were observed. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves.</p> <p>Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures. Staff training in infection prevention is routinely provided during orientation and annual in-service education. The training includes hand hygiene procedures, donning and doffing protective equipment, and regular outbreak management updates. Records of staff education were maintained. The infection prevention coordinator has completed various infection prevention training online.</p> <p>The CM reported they work in consultation with approved New Zealand medical and healthcare supplies companies in procurement processes for equipment, devices, and consumables. The CM reported that there were processes in place for early consultation with the infection prevention personnel in case of any new building or when significant changes are proposed to an existing facility. In an interview, the CM reported that single-use medical devices are not re-used at the service.</p> <p>Shared equipment is appropriately cleaned between use. The service completed cleaning and environmental audits to safely assess and to provide evidence that these procedures are carried out. The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff confirmed they understood these requirements.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials</p>	FA	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity. Infection rates and any antimicrobial use are monitored monthly,</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>reported in a monthly CMs' report, and presented at meetings to the team leaders.</p> <p>The infection prevention coordinator collates and analyses the electronic medication management system with pharmacy support. The annual infection prevention and anti-microbial stewardship review and the infection prevention audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention programme and is described in the Promisia infection prevention policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and infection definitions. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated into a monthly infection summary. Data is monitored and analysed for trends monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection prevention surveillance is discussed during infection prevention, clinical and staff meetings. The CM confirmed the process of creating improvement plans should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives notifications and alerts from Health New Zealand. All infection data is reported to the governing body. Staff are made aware of new infections at handovers on each shift, through progress notes, clinical records and electronically.</p> <p>Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. Education for residents regarding infections occurs on a one-to-one basis and includes advice</p>

		<p>and education about hand hygiene, medications prescribed and requirements (if appropriate) for isolation.</p> <p>Last August four residents became symptomatic of COVID-19. Prior to that an outbreak occurred in December 2024 - January 2025 that affected 10 residents and one staff member. This was appropriately managed and reported. Meetings (sighted) were held, and `lessons learned` were captured and discussed to prevent, prepare for, and respond to future infectious disease outbreaks. Any infections of concern are discussed and reported to the Promisia clinical quality manager. Outbreak logs were completed.</p> <p>Staff confirmed that resources, including PPE were in stock. Residents and family/whānau were updated regularly through the outbreaks. Hand sanitisers are available for staff, residents, and visitors to the facility. Visitors to the facility sign in at entry to the building and sign out on exit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are three sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on-site. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals except those used by carpet cleaners are within closed systems. Linen was seen to be transported on covered trolleys. Laundry staff interviewed stated they had appropriate training in</p>

		<p>relation to the management of linen.</p> <p>Cleaners' trolleys are always attended to and locked away in the secure storeroom when not in use. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. The linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly.</p> <p>The housekeeping supervisor and one laundry staff interviewed demonstrated they have good knowledge about cleaning processes and infection prevention and control requirements. There were kitchen, housekeeping and laundry audits completed that evidence compliance.</p> <p>The IC coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities. There were no construction, installation, or maintenance in progress at the time of the audit; however, the CM stated that they would have input into any change to the building if this was to occur. Infection control internal audits are completed or overseen by the IC 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 service is committed to providing services to residents without use of restraint. The governance group demonstrates commitment to this. The restraint minimisation and safe practice policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. Restraint is only to be used when all other options have been explored, and restraint is the only option. The designated restraint coordinator is the CM. There is a job description in place for the restraint coordinator. The service ensures staff with lived experience contribute to policy and restraint events review and the staff education delivered.</p> <p>At the time of the audit there were no residents using restraint. The service has only recently moved to being restraint free. Staff interview and review of documentation evidenced this was largely due to the implementation of the "Voices in care" project. This project saw a focus group concentrate on ensuring residents and family/whānau were more involved in shared decision making, placed additional emphasis on</p>

		<p>operating from a solid partnership and ensured all communication was more transparent.</p> <p>The use of restraint (if any) is reported in the quality meetings. The restraint coordinator explained how the service maintains a focus on restraint with it remaining an agenda item on staff meetings schedules and continuing to review and broaden staff training. Staff have been trained in the least restrictive practice, safe restraint practice, alternative culturally specific interventions, and de-escalation techniques. Restraint forms part of the orientation and mandatory training schedule for all RN's and caregivers. Staff have completed the annual restraint competency.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.4.2</p> <p>My service provider shall be responsive to my identity, which could include my values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics.</p>	CI	<p>Ranfurly identified an opportunity to enhance inclusiveness, resident engagement, and deepening cultural knowledge with a strong focus on Māori and Pacific perspectives of health. To achieve this the service focused on meaningful engagement including engagement with family/whānau and values-based care planning and staff education. It also aimed to increase staff confidence in working with resident and family/whānau cultural needs.</p>	<p>The project commenced in August 2024 with planning the development of wellbeing assessment tools, engaging with iwi liaison and pacific community leaders, planning quarterly cultural safety sessions for staff, providing bilingual signage and translated resources and planning for increased whānau/agia participation in goal setting and care reviews. Wellbeing reviews for all residents commenced in March 2025 with evidence of participation by 84% of Māori and 92% of Pasifika family/whānau in conjunction with the Māori liaison or Pasifika coordinator. Reviews included comprehensive documentation of cultural values, spiritual preferences, and language. Ranfurly also focused on providing staff with additional education on cultural responsiveness, tikanga Māori in aged care and Pacific world view, expanding cultural activities and events that honour</p>

			<p>Māori and Pacific world views.</p> <p>A review of the data and qualitative feedback from staff surveys identified a 91% increase in confidence from staff in their ability to engage with residents in a culturally safe way (previously only 9% had felt they were confident). As a result of the analysis of reviews, Ranfurly introduced six monthly cultural feedback sessions for residents and family/whānau, and they implemented a Māori and Pacific cultural support contact list that included cultural mentors or champions on each shift and embedded wellbeing outcomes into the quality and risk reporting system.</p> <p>An evaluation of the project identified a shift from clinical only care to whole of person wellbeing, underpinned by equity and mana enhancing practises. A resident survey regarding cultural events completed in September 2025 was overwhelmingly positive with 100% of resident's responses reporting satisfaction with family/whānau involvement and with events offered. Over 90% of residents stated that they were now enjoying participating in cultural events and had noted an impact on their personal wellbeing. Cultural connection was viewed positively by over 80% of respondents. On completion of the project, there was 100% family/whānau satisfaction with involvement in the service and engagement in cultural activities.</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and</p>	<p>CI</p>	<p>Wellbeing through giving.</p> <p>The objective of the wellbeing through giving project was to build stronger community ties and increase resident wellbeing and awareness through innovative, low-cost, community</p>	<p>There were several key actions identified as part of achieving this project including: free sausage sizzles at school events such as cross country, sports team sponsorship; and community baking for groups such as the fire brigade, St John and the men's shed. The focus of this continuous</p>

<p>shall be responsive to their identity.</p>		<p>engagement initiatives. This project supports Ranfurly's desire to increase community involvement and promote resident self-worth and social connections and aligns with Promisia strategic aspiration to be part of Connected communities where people feel care for, included and values. The focus of this continuous improvement is the community baking programme. An interview with the Promisia Chief Operating Officer confirmed that head office have been aware and supportive of the project.</p>	<p>improvement is the community baking programme. The concept came from resident feedback during the resident meeting August 2024 (minutes sighted). At this meeting residents reported wanting to participate in meaningful community-related activities, particularly acts of appreciation. This feedback led to the establishment of the community baking group.</p> <p>A small group of residents and the activities team co-designed a 12-month calendar of giving-back baking activities. The planner (reviewed) included baking for the Fielding library (February), and for the local school kapa haka group (April). In May, the male residents baked for the female residents at Ranfurly for Mother's Day. There are photographs showing residents delivering the baking to community groups with staff such as the local health centre, and the police station.</p> <p>Monthly community baking was attended by up to ten residents each month (attendance records sighted). At the end of each session the residents agreed on what would be baked the following month. On the day of audit, a community baking group was being held, where savoury scrolls were observed being made for A1 Wheelchairs. One of the residents participating in the group was interviewed and informed they enjoy being part of an activity that gives back to the community. The resident has been a participant since the project's inception approximately one year ago. Residents were observed enjoying contributing to the baking and engaging with each other. There were also residents in attendance who were unable to actively participate but were seen to also enjoy being part of the group.</p> <p>To determine effectiveness of the community baking group, a resident self-reflection survey was</p>
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			<p>undertaken in December 2024, April 2025, and August 2025. The five-question survey asked the residents that participated in community baking how they felt before the activity, how they felt after participating, did they feel their contribution was meaningful, would they like to take part in a similar activity again, and how the resident rated the activity compared to other activities. Over the three survey's residents have reported improved mood (self-reported) and engagement following the baking activity. Ranfurly were also interested in understanding if resident social engagement improved during community baking and introduced an element of staff observation which looked at resident social interaction during the activity. The results – February, April, and August 2025 – demonstrated that by August 2025, there had been an increased number of residents participating in conversations during the activity than in previous surveys. A high level of engagement was observed to be occurring on the day of audit.</p> <p>The community baking project has now been in place for just under a year. Based on the survey results above, Ranfurly have found that overall, the project resulted in enhanced resident wellbeing, stronger community partnerships, and recognition of residents' ongoing value to society. The programme is now formally embedded into the Annual Activity Planner (sighted) and supported by a designated Community Engagement Champion. Community baking is no longer ad-hoc but a recognised, planned, and resident-driven component of care. The programme is now embedded into practice demonstrated through resident files reviewed (total six) where community baking is incorporated into resident activity plans.</p>
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End of the report.