Ranfurly Village Limited - Ranfurly Village Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Ranfurly Village Limited
Premises audited:	Ranfurly Village Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 March 2026 End date: 20 March 2026

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: 55

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Generus Living Group (GLG) has owned and operated Ranfurly Village Hospital Limited since 2013. The facility (Ranfurly Village Hospital) provides rest home and hospital levels of care for up to 60 patients. On the day of the audit, there were 55 residents.

This surveillance audit process against the Ngā Paerewa Health and Disability Standard NZS 8134:2021 included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau/family members, members of the governance group, managers, staff, contracted allied health providers, and a general practitioner.

There were no areas from the previous audit that required improvement. There were three areas requiring improvement identified at this audit in relation to the notification and reporting of an infection outbreak in February 2026, initial interRAI assessments not being completed within the required timeframe after residents were admitted to the service, and the annual general practitioner reviews of the resuscitation status of residents were not completed in half of the resident records reviewed.

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.		Some subsections applicable to this service partially attained and of low risk.

Ranfurly Village Hospital works collaboratively to support and encourage a Māori worldview of health in service delivery. There were Māori residents at the time of the audit. The service ensures Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Although there were no Pacific residents during the audit, the service provides care and support that recognises Pacific worldviews and ensures services are culturally safe when Pacific residents are admitted to the home. There was a significant number of staff who identified as Pacific.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse. Staff interactions observed during the audit demonstrated respect, empathy, and culturally safe communication. Residents confirmed that their values, beliefs, and cultural identity are acknowledged in their care. Equity is promoted through practices that enable fair access to services for all residents.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Residents confirmed that information is shared in a timely and respectful manner, and that they are supported to make informed choices. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. Whānau confirmed they felt welcomed and involved as active partners in care.

Hunga mahi me te hanganga | Workforce and structure

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

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. Overall the service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe, equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

When people enter Ranfurly Village Hospital, a person-centred and whānau-centred approach is adopted. Relevant information is provided to potential residents and their whānau. Residents are welcomed in a manner that acknowledges their identity, culture, values, and preferences. Information is shared in a clear and respectful way to support understanding and decision-making during the admission process.

The service works in partnership with residents and their whānau to assess, plan, and evaluate care. Care plans are individualised, based on available information, and updated to reflect identified needs. Assessment and planning processes incorporate clinical risk tools, cultural assessments, and individual goals. Files reviewed demonstrated that care reflected the assessed needs of residents and whānau and was subject to review processes. Service coordination included input from the wider health team when required.

Medicines are managed and administered by staff who are trained and assessed as competent. Medication systems are consistent with the scope of the service and support prescribing, dispensing, and administration processes.

The food service provides meals that meet residents' nutritional requirements, including cultural and personal preferences. Food is managed in accordance with food safety requirements, and menus have been reviewed by a qualified dietitian.

Residents are referred or transferred to other health services when required. Coordination processes include communication and consent in accordance with relevant requirements.

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

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

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

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

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

The governing body at Ranfurly Village Hospital ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme. The infection control training is included in staff orientation and annual updates.

Infection surveillance is undertaken, analysed, and reported, with follow-up actions implemented when required. Ethnicity data is collected as part of surveillance monitoring programme includes policies and procedures consistent with current legislation and sector guidelines.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to the decontamination of reusable devices. Responsibilities include oversight of infection control-related audits, reporting, and staff training.

Staff demonstrated adherence to infection control practices. Residents, staff, and whānau were familiar with the pandemic and infectious diseases response plan.

Here taratahi | Restraint and seclusion

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

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, and alternative interventions, and demonstrated effective practice.

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	15	0	3	0	0	0
Criteria	0	46	0	3	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Ranfurly Village Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi to support service integration, planning, equity approaches, and support for Māori. There were Māori residents at the time of audit, and those interviewed felt culturally safe.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Ranfurly Village Hospital provides services that are underpinned by Pacific worldviews. There were no residents who identified as Pacific peoples on the day of the audit. Staff who identified as Pacific peoples were interviewed and stated that any Pacific residents admitted to the facility would be fully supported and that staff would ensure that the resident's individual cultural and spiritual beliefs were embraced and met.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Staff interviewed demonstrated an understanding of the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in ways that respected their preferences, dignity, and cultural values. Whānau and legal representatives interviewed reported being informed about the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service). Evidence was sighted of Māori mana motuhake, advocacy, and Code of Rights training provided to staff. Opportunities to discuss and clarify residents' rights were provided during admission and at six-monthly multidisciplinary meetings. Residents and whānau interviewed at Ranfurly Village Hospital confirmed that they were provided with clear information about their rights and felt supported in having their choices and wishes respected.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Residents at Ranfurly Village Hospital receive services in an environment free from discrimination, coercion, harassment, exploitation, abuse, and neglect. This is supported by relevant policies and regular staff education. During the audit, there were no instances identified of such issues, as confirmed through interviews with staff, residents, and whānau or legal representatives, and through a review of documentation. Residents reported that their property was respected, and there was evidence that residents' belongings were labelled on admission. Residents' finances are managed securely. Cash is stored in a secured vault with access restricted to the accounts administrator and accounts manager. The accounts administrator manages petty cash and completes daily reconciliation with the accounts manager, who is based on site. An electronic system is used to manage residents' funds, supporting transparency and accountability. Residents confirmed they can access their funds when required and described the process as straightforward. Staff interviewed demonstrated an understanding of professional boundaries and the requirements of the Code of Health and Disability

		Services Consumers' Rights (the Code). Evidence sighted confirmed that professional boundaries and Code of Rights training had been provided. Residents and whānau interviewed confirmed satisfaction with the service, noting staff were well trained, respectful, and consistent in their approach. Residents reported feeling well looked after. Whānau described staff as reliable, with consistent feedback reflecting respectful interactions and care delivery.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	PA Low	Residents, whānau, and EPOAs at Ranfurly Village Hospital are provided with information to support informed decision-making in accordance with the Code of Health and Disability Services Consumers' Rights. Residents and whānau interviewed confirmed they are supported to participate in decision-making processes, and with resident consent, whānau are involved as appropriate. Advance care plans and Enduring Power of Attorney (EPOA) documentation were evident in records reviewed. Activated EPOA documents were available where required. Admission agreements were appropriately signed by the resident or their representative. Informed consent documentation was sighted, including general consent forms, resuscitation forms, and vaccination consents. However, review of records identified that resuscitation forms were not consistently reviewed in accordance with policy requirements. Nursing and care staff interviewed demonstrated an understanding of the principles and practice of informed consent, supported by policies aligned with the Code. Staff confirmed attendance at training related to Te Tiriti o Waitangi and cultural safety.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.	FA	A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of

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.		findings following investigation. The service assures the process works equitably for Māori by ensuring the complaints process is displayed and is available in te reo Māori and there are processes in place in policy to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion. There have been four complaints received in the last 12 months. Records confirmed that all complaints were managed in line with Right 10 of the Code, and that they had been closed to the satisfaction of the complainant. There have been no complaints received through the Health and Disability Commissioner (HDC) or from any other external sources since the previous audit.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Generus Living Group assumes accountability for delivering a high-quality service to users of the services and their whānau. The operations of Generus Living Group are overseen by an engaged director and executive leadership team, bringing a breadth of experience and long-standing involvement in the aged care sector. Governance is supported by a clearly articulated vision and mission statement. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required. The purpose, values, direction, scope and goals defined are regularly monitored. Review of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed, and through the annual business plan 2025–2026. All key business objectives were clearly documented specifically for Ranfurly Village Hospital. A commitment to the quality and risk management system was evident. Members of the governance group interviewed during the audit felt well informed on progress and risks. This was confirmed in a sample of reports to the Board of Directors reviewed. The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to key roles and monitoring of resident safety and clinical indicators each month and any issues on a weekly basis. There was no evidence of infrastructural, financial, physical, or other

		barriers to equitable service delivery for Māori, Pacific peoples and/or tāngata whaikaha. This was supported by interviews with staff, residents, and their family/whānau. The service holds contracts with Health New Zealand – Te Whatu Ora for providing rest home, hospital, respite and palliative care. On the day of the audit, 55 residents were receiving services under the contract: 39 hospital level of care, one respite care, 15 rest home level of care, and nil palliative care.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	PA Low	The organisation has a documented and planned quality and risk system that reflects the principles of continuous quality improvement. This includes, for example, the management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint management. The last resident/family/whānau satisfaction survey was completed in August 2025, with an 85% response rate. Most comments were positive and any areas of improvement were noted and acted upon. Feedback was provided to staff at the quality meetings and to family/whānau and residents through the Ranfurly Village Hospital newsletter. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. The health services manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. A structured management reporting and governance process is in place. This includes regular weekly and monthly written reporting to the director and executive leadership team, alongside monthly meetings where reports are tabled and discussed. Reporting aligns with key business objectives and includes the clinical indicators, quality improvement initiatives, and other operational metrics for review. Staff document adverse and near-miss events in line with the National

		Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Two adverse events had been reported to the Health Quality & Safety Commission (HSQC) since the previous audit. The care manager and the health services manager interviewed both understood essential notification reporting requirements. However, review of records identified that not all outbreak events were reported to the relevant authority in accordance with requirements. This was identified as an area of improvement.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital. The service operates on two levels of the facility, and the staffing level is appropriate for the dual-purpose care provided to residents on each floor. The health service manager and the care manager share the after hours on-call system, which works effectively. The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. Nine of the 14 registered nurses employed have completed interRAI competency and maintain this qualification annually. Five cleaning staff are fully trained in this role and three of the five also cover the laundry. Six staff cover the laundry service, which operates on site. The hospital kitchen is well managed, with two chefs and three kitchen hands covering seven days per week. There is one qualified diversional therapist (DT) Level 4 and one activities coordinator who is currently near completion of the DT course. There are adequate staff to cover for planned and unplanned leave as needed. Two health care assistants are trained to cover the village residents as needed.

		Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities. The education records are maintained and accessible online. The educator was interviewed. Care staff have either completed or commenced a New Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. There is a total of 46 health care assistants employed. Twenty-three (23) have completed Level 4, 15 Level 3, and eight are yet to complete or to be enrolled in NZQA training.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable). A record of all health professionals employed, and those that are contracted to the service, is maintained by the care manager. The annual practising certificates and scopes of practice are reviewed and recorded. All new staff engage in a comprehensive orientation programme, which includes being 'buddied' with a peer, tailored for their specific role. Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. Staff ethnicity date is recorded and used in accordance with the requirements of the Health Information Standards Organisation (HISO).
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.	PA Low	The multidisciplinary team at Ranfurly Village Hospital work in partnership with residents and whānau to support wellbeing. Care plans are developed by suitably qualified staff. Registered nurses are responsible for implementing and evaluating care plans, with oversight from the care

Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.		manager. Assessments include consideration of residents' needs, lived experience, cultural values, and preferences. Risks are identified, documented, and managed with a focus on prevention and escalation where required. Assessment is based on a range of clinical assessments. Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet requirements. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents/Patients and whānau confirmed active involvement in the process. Residents and their whānau are supported to participate in decision-making in accordance with the Code of Health and Disability Services Consumers' Rights. Information regarding informed consent and Information regarding informed consent and advance directives is provided at admission. Records reviewed confirmed that informed consent forms, advance directives, and admission agreements were completed and signed by the resident or activated Enduring Power of Attorney (EPOA), where applicable. Staff interviewed demonstrated an understanding of informed consent processes in line with organisational policies and the Code. Clinical records confirmed that residents and, where applicable, their EPOA were involved in care planning and review. InterRAI assessments were not consistently completed within required timeframes, which is identified as an area for improvement.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their	FA	The medication management policy at Ranfurly Village Hospital was current and aligned with the Medicines Care Guide for Residential Aged Care and current guidelines. A safe system for medicine management, using an electronic platform, was observed on the day of audit. A registered nurse was observed administering medicines in accordance with documented procedures. Clinical staff responsible for administering medication had

medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.		completed medication competencies that were current and valid. Medication reconciliation was completed by registered nurses when pharmacy supplies were received. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks were completed, with weekly checks conducted by registered nurses and six-monthly checks by the pharmacist. Room and fridge temperatures in medication storage areas were monitored daily and were consistently within the recommended range. There was a clear process for the safe disposal of expired or unused medications, with items returned to the pharmacy in accordance with the medication management policy. Prescribing practices met requirements. Medicine-related allergies and sensitivities were recorded in the electronic medication charts, and any adverse events were responded to appropriately. Over-the-counter medications and supplements were considered by the prescriber as part of the resident's medication regimen. The required three-monthly GP review was consistently recorded on the medicine charts. Standing orders were not used. Residents were supported to understand their medications. There was one Māori resident at the time of audit, and no Pacific residents. Policies were in place to support culturally appropriate medication management, and clinical staff were familiar with their implementation. Pro re nata (PRN) medications were administered as prescribed, with the indication and outcomes of administration consistently documented in all records reviewed. Four residents were self-administering medication. Each resident had been assessed by a registered nurse and approved by the general practitioner. Medications were stored securely in lockable cupboards in residents' rooms in line with the service's policy for self-administration.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to	FA	The menu at Ranfurly Village Hospital was developed in line with recognised nutritional guidelines for aged care services and reflected residents' individual food preferences and cultural needs. The food service was provided on site by the facility's kitchen team. Evidence of resident satisfaction with meals was confirmed through resident and whānau

traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.		interviews, satisfaction surveys, and feedback recorded in resident meeting minutes. Residents and whānau interviewed provided consistent positive feedback, commending the presentation and taste of the food. Snacks and fluids were available 24/7 across all areas, supported by a pantry trolley that was readily accessible to meet residents' requests at any time. Residents interviewed confirmed that food and drinks were readily available when requested. The menu followed summer and winter patterns in a four-weekly cycle and had been reviewed by a registered dietitian on 30 November 2025. The menu incorporated residents' cultural preferences and dietary requirements, including texture-modified and diabetic diets. The kitchen maintained an up-to-date copy of each resident's dietary profile to ensure meals were prepared according to individual clinical and personal needs. The service operated under an approved food safety plan, with current registration valid until November 2027.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Transfer or discharge from Ranfurly Village Hospital is planned and managed safely, with coordination between services and in collaboration with the resident and their whānau or Enduring Power of Attorney (EPOA). Risks and current support needs are identified and managed. Whānau reported being informed and involved during transfers and discharge processes. Processes are in place for both acute and planned hospital transfers. The service utilises yellow envelopes and provides required documentation during transfers. Staff use structured communication processes when liaising with general practitioners and hospital staff, as confirmed during general practitioner and staff interviews. Post-discharge plans are followed and documented in progress notes. Referral letters and specialist documentation were sighted in resident records reviewed. Evidence of good practice was demonstrated through a recent admission, where there was documented communication with the resident's whānau, previous general practitioner, and the local Needs Assessment and Service Coordination (NASC) agency. Documentation confirmed that required admission information was obtained and a family meeting was held at the

		time of admission. In the event of hospital transfer, there was evidence of a clear and structured pathway for escalation and transfer, as confirmed by the general practitioner during interview. Registered nurses interviewed demonstrated knowledge of transfer processes and requirements, supporting safe and coordinated transitions of care.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	Building, plant and equipment are fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. This includes a current building warrant of fitness that was displayed at the entrance to the facility, with an expiry date of 3 October 2026. Electrical testing and tagging were discussed with the maintenance manager and records were sighted. The last testing and tagging of all electrical equipment had been completed in two stages in October and November 2025. Biomedical testing of medical equipment was completed by a contracted service provider on 15 December 2025. An inventory of all equipment and resources was maintained. Calibration of any equipment was also completed at the same time, and outcomes were recorded. Any equipment recommended to be replaced was reported to governance. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention and control coordinator (IPCC), the care manager, is responsible for overseeing and implementing the infection prevention and control (IPC) programme at Ranfurly Village Hospital. The IPC programme is linked to the facility's quality improvement programme and was last reviewed on 20 January 2026, as confirmed by the IPCC and programme documentation. An infection control committee is in place and meets two-monthly to review infection data, analyse trends, and update prevention strategies. The committee consists of the care manager, care project manager, registered nurse, health care assistant, and cleaner. Meeting minutes were sighted, evidencing governance oversight, analysis of infection data, and follow-up actions. Committee members have completed infection prevention and

		control training within the last 12 months, with support from head office. The IPCC has oversight of infection prevention and control processes and reports through organisational structures to support accountability. Staff interviewed demonstrated familiarity with infection prevention and control policies and procedures, including outbreak management processes, supported through orientation and ongoing education. Evidence from staff interviews and training records confirmed that outbreak management training had been provided. A newly employed registered nurse described infection control processes and demonstrated understanding of infection prevention practices. Residents and their whānau received information about infection prevention appropriate to their needs. Staff training records and meeting minutes confirmed that staff had received ongoing infection prevention and control education.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Surveillance of health care-associated infections (HAIs) at Ranfurly Village Hospital is appropriate to the size and complexity of the service and aligns with the risks and priorities identified in the infection prevention and control (IPC) programme. Monthly surveillance data is collated and analysed to identify trends, potential causes, and required actions. Results from the surveillance programme are shared with registered nurses and care staff during staff meetings, with the general practitioner as part of clinical governance, and with the quality team to support ongoing monitoring and improvement. Infection control data is also reported to head office and the Board by the care project manager as part of governance oversight. A respiratory outbreak occurred in February 2026 affecting 12 residents. Documentation reviewed confirmed that the outbreak was identified through surveillance processes and managed in accordance with organisational policies and procedures. A summary report for the outbreak was reviewed and demonstrated a structured process for investigation and follow-up. Documentation confirmed that learnings from the event have been identified and incorporated into ongoing infection prevention and control practices. However, refer to findings in 2.2.6 regarding Section 31 notification requirements not being met.

		The IPC programme is aligned with the organisation's business planning processes, ensuring infection prevention and control strategies are incorporated into service planning and risk management. National and regional surveillance programmes and guidelines are incorporated as required. New infections are discussed during shift handovers to support early identification and intervention, as confirmed during staff and general practitioner interviews.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. At the time of audit, there was no restraint in use and this had been the case for over four years. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.7.5 I shall give informed consent in accordance with the Code of Health and Disability Services Consumers’ Rights and operating policies.	PA Low	The service demonstrated established systems to support advance care planning, including documentation of residents’ preferences and involvement of whānau in decision-making. Advance directives and resuscitation status were documented in resident records, and staff demonstrated awareness of residents’ wishes. Processes were in place to guide clinical decision-making in accordance with residents’ preferences and organisational policy. Review of ten resident records identified that five resuscitation forms had not been completed with an annual review by the general practitioner in accordance with organisational policy. The most recent documented review for these records was in 2024.	The service has not consistently ensured annual general practitioner review of resuscitation forms in accordance with organisational policy.	Ensure resuscitation forms are reviewed annually by the general practitioner in accordance with organisational policy requirements 180 days

Criterion 2.2.6 Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.	PA Low	Ranfurly Village Hospital has systems in place to support communication with residents, family/whānau, and external providers. Interviews with residents and family confirmed they were kept informed of changes to health status and service delivery. Documentation reviewed, including meeting minutes and communication records, evidenced that regular updates were provided on infection control and clinical matters. Review of outbreak management and reporting processes identified that a respiratory outbreak from 2 February to 21 February 2026, affecting 12 residents, was not reported through a Section 31 notification process.	The service has not consistently ensured that notifiable events are reported through the required Section 31 notification process in accordance with legislative requirements.	Ensure all outbreaks are reported to the appropriate agency, such as to HealthCERT for a Section 31 notification, in accordance with contractual and legislative requirements. 180 days
Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Low	Resident records reviewed demonstrated that assessments and care planning processes were in place. Initial nursing assessments and care plans were completed to reflect residents' needs. Documentation showed that care plans were developed and implemented, and progress notes evidenced ongoing monitoring of residents' conditions. Review of seven resident files identified that four did not have initial interRAI assessments completed within the required timeframes in accordance with contractual and organisational policy requirements.	InterRAI assessments were not consistently completed within required timeframes.	Ensure all initial interRAI assessments are completed within required timeframes in accordance with contractual and organisational policy requirements. 180 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.