

West Otago Health Limited - Ribbonwood Country Home

Introduction

This report records the results of a Partial Provisional Audit; 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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	West Otago Health Limited
Premises audited:	Ribbonwood Country Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 June 2023 End date: 27 June 2023
Proposed changes to current services (if any):	A partial provisional audit was completed to verify the suitability of six new dual-purpose (rest home/hospital) beds.
Total beds occupied across all premises included in the audit on the first day of the audit:	13



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

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

Key to the indicators

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

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

General overview of the audit

Ribbonwood Country Home is governed by a Community Trust Board and is part of West Otago Health. The service provides care for up to 14 residents at hospital (geriatric and medical) and rest home level care. On the day of the audit there were 13 residents. One bed has been decommissioned to allow for the addition of a new six-bed, dual-purpose wing.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard and the contract with Te Whatu Ora Health New Zealand - Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, management, and staff.

The general manager is appropriately qualified and experienced and is supported by two clinical nurse managers. There are quality systems and processes implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

Additionally, a partial provisional audit was completed to verify the addition of six dual purpose (rest home/hospital) beds. The audit identified that the equipment requirements, allied health input, and documented systems and processes are appropriate for providing care to six additional residents. The service is planning to open this new wing as soon as approved.

This certification audit identified improvements are required in relation to registered nursing (RN) staffing; neurological observations; resuscitation reviews; and short-term care plans.

The partial provisional audit identified improvements are required in relation to informed consent; RN staffing; care planning; landscaping; issuing a certificate of public use; and completion of a fire evacuation plan.

Ō tatou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Ribbonwood Country Home provides an environment that supports resident rights and safe care. The service works to provide high-quality and effective services and care for all its residents. Staff demonstrated an understanding of residents' rights and obligations. There are Māori and Pacific health plans 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 receive services in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Residents and families/whānau are provided with information about the Health and Disability Commissioner’s 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 principles of mana motuhake.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination. Open communication between staff, residents, and families/whānau is promoted and was confirmed to be effective. Family/whānau and legal representatives are involved in decision-making that complies with the law. The service works with other community health agencies.

The rights of the resident and/or their whānau to make a complaint is understood, respected, and upheld by the service. Complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Services are planned, coordinated, and are appropriate to the needs of the residents. The strategic plan informs the annual business plan and annual quality plan. Service objectives are defined and regularly reviewed. Internal audits, and the collection/collation of data were documented as taking place as scheduled, with a robust corrective action process implemented. Quality and risk performance is reported in Board and staff meetings.

Health and safety processes are implemented, led by a health and safety officer and one health and safety representative. Health and safety is a regular agenda item at all meetings. Contractors and staff are orientated to health and safety processes.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme that covers relevant aspects of care and support.

The staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

The activity programme is designed to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links. The activities programme offers opportunities for residents to participate in te ao Māori.

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

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care support staff are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

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

The building holds a current warrant of fitness. All equipment is well-maintained and tagged, tested, and calibrated as scheduled. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single occupancy, and all have ensuite facilities. Resident rooms are personalised to their individual taste. Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available.

There are documented systems 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. Fire drills are held six-monthly. There is a call bell system responded to in a timely manner. Appropriate security measures are implemented.

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

Includes 5 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.

Infection prevention and control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic plans and the Covid-19 response plan are in place and the service has access to personal protective equipment supplies. There has been one Covid-19 outbreak, and this has been well documented.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has been restraint free for the past three years. It would be considered as a last resort only after all other options were explored.

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	22	0	4	1	0	0
Criteria	0	161	0	5	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>Ribbonwood Country Home has embraced Māori culture, beliefs, traditions and te reo Māori, and is committed to respecting the self-determination, cultural values, and beliefs of their residents and family/whānau. Their Māori health plan has been written by an external contractor with input from a Māori advisor and is written in te reo Māori and in English. It acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The general manager liaises with Hokanui Runanga and the Māori Health Unit at Te Whatu Ora Health New Zealand - Southern. Support is also available from Uruuruwhenua Health in Alexandra. The Māori health plan confirms the organisation is committed to ensuring that the needs of Māori residents are met in a way that is culturally safe and acceptable to both the resident and their whānau/hapu/iwi.</p> <p>West Otago Health (Ribbonwood Country Home and the West Otago Medical Centre) analyses health outcomes of Māori vs non-Māori and actively strives to try to achieve equitable outcomes. The document management system can break data down into Māori vs</p>

		<p>non-Māori and Pasifika in order to identify and analyse trends in service delivery (eg, infection rates). If a trend demonstrated inequity, an action plan would be implemented. The service had no residents who identified as Māori at the time of the audit.</p> <p>The general manager stated that they are employing more Māori staff members when they apply for work opportunities. At the time of the audit, there were staff members who identify as Māori. Māori staff interviewed confirm they feel supported by the organisation and the organisation's commitment to Māori. Te reo learning is supported. The general manager is currently attending Otago University to study Pae Ora Equity Leadership. This GM meets regularly with a local te reo community group to learn te reo Māori (informal).</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Three managers (general manager, two clinical managers/registered nurses) and seven care staff interviewed (three HCAs who work across all three shifts, one registered nurse, one cook, one cleaner, and one diversional therapist) described how care is based on the resident's individual values and beliefs.</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>There is a Pacific People Health and Wellbeing policy that follows the guidance provided in Ola Manuia: Health and Wellbeing Action Plan 2020-2025. Pacific support is provided by PIACT (Pacific Island Advisory and Cultural Trust) in Southland with meetings convened with a community linkage worker and whānau ora navigator. These individuals provide support for the local Pacific community and provide a pathway for family/whānau to contact other members of the Pacific community to provide support for residents.</p> <p>On admission, all residents state their ethnicity. There were no residents that identify as Pasifika. The resident's whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Six residents (one rest home and five hospital), and two family/whānau interviewed confirmed that</p>

		<p>individual cultural beliefs and values are respected. Interviews with managers and staff and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p> <p>The Code of Rights are accessible in a range of Pacific languages.</p> <p>The service is actively recruiting new staff. There are currently no staff employed that identify as Pasifika. The general manager described how the equitable employment process ensured Pacific staff who did apply would be welcomed to increase the capacity and capability of the Pacific workforce.</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>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The general manager, clinical nurse manager and/or registered nurse discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the two-monthly resident meetings. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>There are links to spiritual supports. Church services are held regularly. The service recognises Māori mana motuhake and this is reflected in the Ribbonwood Country Home Māori health plan.</p> <p>Staff receive education in relation to the Code at orientation. This training is repeated annually through the education and training programme and includes (but is not limited to) understanding the</p>

		role of advocacy services. Advocacy services are linked to the complaints process.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>HCA's and registered nurses interviewed described how they support residents to make informed, independent choices. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents also have control over and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision-making related to their health and wellbeing. It was observed that residents are treated with dignity and respect.</p> <p>The staff education and training plan reflects training that is responsive to the diverse needs of people across the service. The service promotes cultural safety through educating staff about te ao Māori and listening to tāngata whaikaha when planning services. Satisfaction surveys completed in 2023 confirmed that residents and families/whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau. Staff were observed to use person-centred and respectful language with residents.</p> <p>A sexuality and intimacy policy is in place with training as part of the orientation programme and education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility.</p> <p>Residents and families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' gender and sexuality are respected.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the resident's care plans. Spiritual needs are identified, church services are held, and spiritual support</p>

		<p>is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available for staff to access. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Ribbonwood Country Home policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days celebrate diversity in the workplace.</p> <p>A staff code of conduct is discussed during the employee's induction to the service, with evidence of staff signing this document. This document addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged. Policy acknowledges institutional racism and seeks to abolish it through education and training.</p> <p>Staff complete education on orientation, and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing, with the aim to improve outcomes for Māori.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Two-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms include a section to indicate if next of kin have been informed (or not) of an accident/incident. Ten accident/incident forms reviewed identified families/whānau are kept informed following consent by the resident (if able). This was confirmed during interviews with families/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak or understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora Health New Zealand - Southern specialist services. The delivery of care involves a multidisciplinary team approach, and residents and families/whānau provide consent and are communicated with regarding services involved. The two clinical managers described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and families/whānau interviewed confirm they know what is happening within the facility and felt informed through emails, regular newsletters, and resident meetings.</p>
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<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>PA Low</p>	<p>Informed consent processes are discussed with residents and families/whānau on admission. Five resident files sampled included written consents signed by the resident. Advanced directives were not documented in all files reviewed. HCAs and registered nurses interviewed, confirmed verbal consent is obtained when delivering care. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Tikanga best practise is reflected in informed consent policies.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. Complaints forms are available at the entrance to the facility and at the reception area of West Otago Health (which Ribbonwood is part of the building). A record of all complaints, both verbal and written is maintained by the general manager in the complaint register. The staff interviewed could describe directing the complainant to the most senior person on duty. Residents and families/whānau advised that they are aware of the complaints procedure and how to access forms. The families/whānau interviewed stated they feel comfortable discussing concerns with the general manager.</p> <p>One complaint received since the previous audit resulted in a satisfactory resolution. Documentation demonstrated that this complaint was managed in accordance with guidelines set by HDC. Staff are informed of any complaint received (and any subsequent corrective actions) in the clinical and staff meetings.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and are aware complaints forms are available. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-monthly where concerns can be raised.</p>

		<p>During interviews with family, they confirmed the managers are available to listen to concerns and act promptly on issues raised. Residents/family making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The general manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>West Otago Health is a community owned trust (West Otago Health Trust), set up by volunteers living within West Otago to help the community by meeting their healthcare needs. All services available are provided from, or based at, a combined purpose-built rural community health centre and home for the aged (Ribbonwood Country Home) situated in Tapanui, West Otago. The Board chairman was interviewed. West Otago Health Ltd is governed by a Board of five directors. The Trust recruits for the Board of Directors when a vacancy becomes available as per their skill shortage criteria and checklist. The Board has an independent orientation process. The GM liaises with Board chairman weekly and reports directly to the Board of Directors at a minimum of two-monthly and as required. The Board meet every six weeks. The Board chairman has completed cultural training, with plans in place for all Board members to also undergo training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha.</p> <p>The 2023 strategic plan has clearly identified their mission, vision, and objectives. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The annual quality and risk management programme reflects evidence of regular compliance and risk reporting that highlight operational goals. Outcomes and corrective actions are shared and discussed in the range of meetings that take place across the service. Board members receive regular reports from the general manager on all</p>

	<p>aspects of service delivery at Ribbonwood.</p> <p>Ribbonwood Country Home provides care for up to 14 rest home and hospital (geriatric and medical) level care residents. On the day of audit, there were 13 residents - four rest home and nine hospital residents. All residents were under the Age-Related Residential contract (ARRC). All rooms at Ribbonwood are dual-purpose (rest home or hospital).</p> <p>The facility is attached to the West Otago Health services which provides primary and community care. A resident general practitioner (GP) provides medical care to the residents, and afterhours and on-call services are provided by the GP and PRIME (primary response in medical emergencies) trained registered nurses up until 10.30 pm. Gore Hospital provides after-hours support between 10.30 pm and 7 am. A physiotherapist is available eight hours per week.</p> <p>The service has an annual business plan. The business and quality plans describe quality goals that are regularly reviewed as per the business plan/review schedule 2023.</p> <p>The GM is a RN with a current practising certificate. The GM oversees Ribbonwood Country Home, as well as the adjacent West Otago Health medical centre complex. This individual has been at Ribbonwood Country Home for eight years; three years as a clinical manager and five years as a general manager. This person holds a post graduate diploma in health sciences and is currently attending Otago University to study Pae Ora Equity leadership. The GM is supported by two clinical managers/RNs, who job share one full-time position.</p> <p>Partial Provisional:</p> <p>A partial provisional audit was undertaken to assess the service as suitable to provide rest home/hospital (medical and geriatric) level of care following the addition of six new (dual-purpose) resident rooms, situated in a newly built wing that is located perpendicular to the existing wing. One existing room from the facility had to be decommissioned to allow for construction of the new wing. This increases the overall bed numbers to 19 dual purpose beds. This partial provisional audit included reviewing staffing plans;</p>
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		policies/procedures; sighting the environment, service areas and clinical areas; and interviews with staff and management.
<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>	FA	<p>Ribbonwood Country Home is implementing the West Otago Health quality plan 2022-2023. Performance objectives are clearly defined. Quality activities cover performance monitoring through internal audits, satisfaction survey results and through the collection, collation, and analysis of clinical indicator data, staff training and development, and implementing organisational quality initiatives. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated and discussed with staff.</p> <p>Two-monthly combined quality/health and safety, staff meetings, and two-monthly clinical meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and the collection/collation of data take place as scheduled. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off by the general manager when achieved. Meeting minutes are provided to staff who are unable to attend meetings. Corrective actions are discussed in staff meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality improvement projects utilise a PDSA (plan, do study, act) methodology. Examples of quality activities either implemented or being implemented include: adjusting staffing levels without the need for Board approval to expedite increased staffing for increases in resident acuity; staff completing online training to comply with Te Tiriti o Waitangi requirements in Ngā Paerewa Health and Disability Services Standard 2021; implementing strategies to ensure all RNs</p>

	<p>with permanent hours are interRAI trained within 12 months of employment; for every new resident (when not contraindicated) charting a prn laxative and analgesia along with their regular medications; and ensuring all permanent RNs are certified to be preceptors within 12 months of commencing employment. Work is underway to evaluate each quality initiative.</p> <p>The 2023 resident and family satisfaction surveys indicate that both residents and family/whānau have high levels of satisfaction with the services being provided. Results have been communicated to residents through resident meetings (meeting minutes sighted). Corrective actions are implemented to improve on any specific comments.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Electronic reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, one episode of choking). Incident and accident data is collated monthly and analysed. Each event involving a resident, triggers a clinical assessment and the timely follow up by a registered nurse. Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for eight hours per week. Registered nurses collaborate with HCAs to evaluate interventions for individual residents at risk of falling. Neurological observations reviewed were not consistently recorded for unwitnessed falls and/or suspected injuries to the head (link 3.2.4). Family/whānau are notified following incidents, evidenced on the accident/incident forms and during family/whānau interviews. Opportunities to minimise future risks are identified by the clinical manager in consultation with RNs and HCAs.</p> <p>A health and safety system is in place. The health and safety team consists of a health and safety officer (GM) and one health and safety representative (HCA). Both individuals have completed external health and safety training. There are regular moving and handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident</p>
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		<p>form. There have been no serious staff injuries since the last audit. Health and safety notices are posted on a noticeboard in the staff room. Hazard identification forms and an up-to-date hazard register were sighted. Each hazard is risk rated with controls put into place. Hazards are regularly monitored. The hazard register was last reviewed 9 January 2023 and includes the new wing. Staff incidents, hazards and risk information is collated at a facility level, is reported to the general manager, and is also provided to the Board. Health and safety is a regular agenda item in staff and RN meetings.</p> <p>Discussions with the general manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT in relation to RN staffing levels (link 2.3.1) and a pressure injury. There has been one Covid-19 exposure outbreak in November/December 2022. This was appropriately notified.</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>PA Low</p>	<p>Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are attended to in a timely manner.</p> <p>The general manager is on site a minimum of three days a week and can work up to full time hours. This person is supported by two clinical managers who job-share one full-time position. Both clinical managers are new to their management roles but are experienced RNs. Job responsibilities are delegated. Staff interviews confirmed that this job share arrangement is proving successful.</p> <p>Staffing levels are adjusted based on resident acuity. RN staffing levels have not been meeting contractual requirements. Although the intent is to have a minimum of one RN rostered on each shift, this has not been consistently met. An RN is based in the (adjacent) medical centre Monday – Friday. A senior HCA is rostered when an RN is not available. Two RNs have been hired and will begin their employment in July 2023. Adequate HCAs are rostered.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory</p>

	<p>training which includes cultural awareness training and a Māori cultural competency. External training opportunities for care staff include training through Te Whatu Ora and hospice. Three of eight RNs have completed interRAI training.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes, disparities, and health equity. Staff confirmed that they are provided with resources during their online cultural training. This learning platform and the expertise of Māori staff creates opportunities for the workforce to learn about and address inequities. Staff are expected to answer competency assessment questions that address health equity, Te Tiriti O Waitangi, and the meaning of mana motuhake.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-five HCAs are employed. They are supported to transition through the NZQA Careerforce Certificate for Health and Wellbeing. Five hold a NZQA level four qualification, and four hold a NZQA level three qualification.</p> <p>A competency assessment policy is being implemented. Staff complete competency assessments as part of their orientation (eg, fire safety, hand hygiene, moving and handling, falls prevention, communication, personal cares, restraint, challenging behaviours, infection control, personal protective equipment, and health and safety). Additional RN and senior HCA competencies cover medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, and wound management.</p> <p>All RNs are encouraged to attend in-service training and Covid-19 preparedness, palliative care, and wound management. Training occurs on specific topics at the end of the clinical meetings.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace, including manual handling; hoist training; chemical safety; emergency management, including (six-monthly) fire drills; personal protective equipment (PPE) training; and hazard reporting. Staff wellness is encouraged through participation in health and wellbeing activities. Contractors</p>
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		<p>are orientated to health and safety by the health and safety officer and/or maintenance staff.</p> <p>Partial provisional</p> <p>There is a staffing policy that describes rostering and safe staffing ratios. The HCA roster reflects an additional short shift HCA on the AM shift (0830-1130) which is currently available. The roster currently does not provide sufficient and appropriate RN coverage to meet contractual requirements. Two overseas RNs have been hired. Their employment is scheduled for July 2023. The GM stated that the new (six bed) wing will not open until the new RNs can competently provide safe care.</p> <p>A first aid trained staff is on duty 24/7.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held in the general manager' office in a locked filing cabinet. Staff files reviewed (three HCAs, one staff RN, one clinical manager) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Each staff member receives a copy of the staff handbook and house rules and signs in agreement. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>There is an appraisal policy. The initial appraisal is after three months. All staff who have been employed for over one year have completed annual performance appraisals on file. The service has implemented an orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation.</p> <p>The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential.</p> <p>Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of</p>

		<p>debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</p> <p>Partial Provisional:</p> <p>Current employment practices are being implemented for those who will be working in the new wing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</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>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families/whānau and residents prior to admission or on entry to the service. Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>The family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. One of the two clinical managers or general manager are available to answer any questions regarding the admission process and a</p>

		<p>waiting list is managed. The general manager advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the social profile. All declined entry information including ethnicity is also collected and reported to the Board. The service has relationships with Hokanui Runanga and the Māori Health Unit at SDHB.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The care plans are on an electronic format that the service has recently moved to as part of overall service improve processes. The care plans are resident focused, individualised, but did not document all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement.</p> <p>Five resident files were reviewed: two rest home and three hospital level care residents. The clinical managers and registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. Initial assessments, long-term care plans and interRAI reassessments had been developed within the required timeframes in all files reviewed. Routine interRAI assessments and long-term care plans had been evaluated in long-term resident files. Two residents had not been at the service long enough for an evaluation. The registered nurses interviewed describe working in partnership with the resident and family/whānau to develop the initial care plan and long-term care plan.</p>

	<p>All residents had been assessed by the general practitioner (GP) within five working days of admission.</p> <p>The GP from the medical centre is the 'house GP' who visits as required and runs the GP clinic attached to the facility. There is a GP or a PRIME nurse who covers on call after hours; however, the GP is always available as required for residents who are palliative. The GP was interviewed and was very complimentary of the care. Allied health interventions were documented as needed and integrated into care plans.</p> <p>When there is a change in resident health needs, such as infections, wounds, or recent falls, appropriate assessments are completed. Written evaluations reviewed, identified if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were not well utilised for issues such as infections, weight loss, and wounds.</p> <p>The long-term care plan includes sections on mobility and transfers; activities of daily living; continence; nutrition; communication; medication; skin care; cognitive function and behaviours; cultural; spiritual; sexuality; and social needs. The care plan aligns with the service's model of person-centred care. Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A cultural assessment is a part of social profile which is completed by diversional therapist. Behavioural assessments have been utilised where needed. Care plans reflect the required health monitoring interventions for individual residents. Neurological observations had not been fully completed for unwitnessed falls.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by HCAs and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, a clinical manager or</p>
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		<p>an RN initiates a review with a GP. Family was notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. Family contact is recorded on the paper-based family contact sheet and includes family notifications and discussions. The service currently only has one wound: a pressure injury. The wound assessment and wound management plan were reviewed. A wound register is maintained.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>The service has policies and procedures that enable tāngata whaikaha choice and control over their support. There is evidence of resident and family/whānau input into assessments and care plan development. The service has systems and processes to support future Māori to identify their own pae ora outcomes through linkages with local Māori providers policies, staff training and the care plan process.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The diversional therapist (DT) is experienced and has a first aid certificate. Activities are held over five days a week, with staff overseeing activities such as church services and movie afternoons at the weekend. The programme is supported by a group of volunteers who coordinate house. Volunteers are inducted into the service. Residents are supported and encouraged to attend groups in the community such as the RSA and the local vintage club. These groups are starting up again post Covid-19.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. A monthly calendar is delivered to each individual resident. The service facilitates opportunities to participate in te reo Māori with Māori language on planners, participation in Māori language week, and Matariki. The residents are visited to any cultural events in the community such as a Matariki concert at the local school and kapa haka group events. There is cultural diversity amongst staff who hold cultural themed evenings, including Indian evenings and</p>

		<p>entertainment, and there has been a Chinese night held recently where the kitchen provided Chinese foods. There is signage in te reo Māori placed around the facility.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who are unable to actively participate in communal activities (as observed during audit). Entertainment and outings are scheduled regularly to the beach, picnics, and local events. Duke of Edinburgh students are invited to spend time with residents on a regular basis.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include group games, exercises, hand pampering, crafts, reading, general chats, and happy hour. Resident led activities are encouraged with a group of residents who play cards in the afternoons and spontaneous activities which are decided on the day.</p> <p>Resident meetings are held monthly. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated they were happy with the range of activities on offer. The service has a closed Facebook page which is used to keep families/whānau informed of activities, outings, and events. Newsletters are sent out to residents and families/whānau monthly.</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</p>	<p>FA</p>	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with current legislation. The service uses a blister pack system. All medication is checked on delivery against the electronic medication chart and any pharmacy errors are recorded and fed back to the supplying pharmacy. All eye drops, and ointments sighted were dated on opening. Temperatures</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>of the medication fridge, and room where medications are stored are maintained within the acceptable ranges. Monthly medication audits are documented, and any issues are followed up.</p> <p>Registered nurses administer medications and HCAs with medication competencies. Medication competencies have been completed annually and medication education is provided. Competencies include insulin, warfarin, and syringe drivers. Appropriate practice was demonstrated on the witnessed medication round.</p> <p>Ten electronic medication charts reviewed met legislative requirements. All residents had individual medication orders with photo identification and allergy status documented. Medications had been signed as administered in line with prescription charts. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. There were no residents self-medicating on the day of audit. Standing orders were not in use. Over the counter medications are prescribed on the electronic medication system. The RNs interviewed described ways they explain any changes in medication, including potential side effects with all residents and family/whānau, as documented in resident files.</p> <p>Partial Provisional:</p> <p>There are no changes to the current medication management system</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 meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence, expiring in June 2024. The menu has been reviewed by a dietitian in June 2023.</p> <p>There is a food services manual available in the kitchen. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements and due</p>

		<p>to the nature of the facility, knows all of the residents well. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. HCAs interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The cook completes a daily kitchen plan which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. The cook was observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room. Residents were observed enjoying their meals. Modified utensils are available for residents to maintain independence with eating. Kitchen staff and HCAs have all completed food safety education.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings, through resident surveys and directly to the cook.</p> <p>Partial Provisional:</p> <p>There are no changes to the food services with the new extension. The current kitchen is large enough for the increase in meals.</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</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The service utilises the 'yellow envelope' Te Whatu Ora transfer documentation system, which ensures all corresponding documentation and medications accompany the</p>

<p>coordinate a supported transition of care or support.</p>		<p>resident. The clinical managers interviewed described providing a verbal handover to the receiving service to ensure a smooth transition.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>There is a current building warrant of fitness displayed which expires in January 2024. There is a planned maintenance schedule in place which is maintained. The maintenance man is employed for five hours per fortnight (and is on call) and is responsible for day-to-day maintenance and gardening. The maintenance schedule is shared between the health and safety representative and the maintenance man. The health and safety representative is responsible for hot water temperature checks which are maintained within acceptable limits. Essential contractors are available as required.</p> <p>All resident rooms are single and have a full ensuite. All handbasins have flowing soap and hand towels. Each room is furnished to individual resident taste. Corridors are wide and have handrails. There is a large shower room which can accommodate a shower bed where required. One room has been fitted with a ceiling hoist. All rooms have wide one and a half doors so beds can easily be moved if required. All resident rooms and communal areas are carpeted, there is non-slip vinyl in the ensuites and communal bathroom. There is a centrally located visitor toilet.</p> <p>All equipment including hoists, wheelchairs and the weight scale are well maintained and have been tagged, tested, and calibrated according to schedule.</p> <p>The facility is heated with radiators which can be adjusted to resident preferences in resident rooms. All residents have windows with views of the vast countryside surrounding the facility. The facility, including decoration and wall hangings, are inclusive of residents' cultures. The dining room is adjacent to the kitchen and has ample space for residents, including the six extra residents from the new extension. There is a large open communal lounge which can open into a larger space for large functions. There is a small lounge at the end of the corridor for residents and families/whānau to use.</p>

		<p>Partial provisional.</p> <p>The new extension is a mirror image of the existing facility. In the corridor between the existing facility and the new extension, there is a separate staff entrance with lockers, toilet and changing facilities. The hairdresser/ multipurpose room has basins, mirrors and chair for the hairdresser. There is also a podiatry bed. The room will also be utilised for office space for the RNs and the diversional therapist. One room has been decommissioned to make way for the corridor to the extension.</p> <p>There is a large TV lounge which is furnished with chairs, side tables and homely furniture and cabinetry. The resident bedrooms are all off of the corridor leading to a small lounge at the end with views of the surrounding countryside. Handrails are in place in the corridors. Curtains have been fitted in the resident rooms and in the TV lounge and art work has been placed on the walls.</p> <p>All resident rooms are large with ensuite facilities, flowing soap, and paper towels. Each resident room is furnished with a hospital bed, reclining chair, chest of drawers and side table. There is a build in wardrobe and the bedside cabinet has a lockable drawer. There is one dedicated respite/ palliative care room which is situated at the end of the corridor next to the small lounge, which has external access and a small kitchen with tea/ coffee facilities. Hard landscaping has been completed. Gardens, paths and external ramps are yet to be completed; however, in the meantime there are two existing garden areas with seating and shade for residents to use.</p> <p>The new extension was built in collaboration with local iwi who will bless the facility prior to opening.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	<p>PA Low</p>	<p>There are comprehensive policies and procedures documented and available to staff around the management of an emergency and civil defence disaster. A current fire evacuation plan is in place for the existing facility (issued on opening in 2016). Fire drills are routinely held six-monthly. All staff complete fire and emergency training during orientation to the service and this is included in the education</p>

<p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>planner as ongoing education. There is a dedicated cupboard with all emergency equipment, including personal protective equipment and civil defence back packs. Stock is checked regularly for expiry.</p> <p>All staff have current first aid certificates. There is adequate supplies of water and food to meet current requirements. There is a backup generator in the event of a power outage.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors. All staff carry pagers to alert care staff to who requires assistance. Residents were observed to have their call bells within reach. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secure in the evening and staff perform security checks throughout the night.</p> <p>Partial provisional:</p> <p>The fire department have visited the facility. There has been a fire drill performed in the new extension. The fire evacuation plan has been lodged and is awaiting sign off. Call bells are installed and are working in all resident rooms and the communal areas. Adequate security arrangements are in place.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control coordinator role is shared between the clinical managers who oversee the infection control and antimicrobial stewardship (AMS) programme. Their job description outlines the responsibility of the role. The infection prevention control programme, content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p> <p>Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the governance team. Infection rates are presented and discussed at facility meetings and reported to the general manager; this information is shared with the Board. Infection control and AMS are</p>

		<p>part of the strategic and quality plans.</p> <p>The service has access to the infection prevention clinical nurse specialist from Te Whatu Ora - Southern. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinators, the general manager/Board, the GP, and the public health team. The service has registered with the online reporting system 'RAT catcher' to report any future Covid-19 outbreaks.</p> <p>Visitors are asked not to visit if unwell. All visitors and contractors are required to wear masks. There are hand sanitisers strategically placed around the facility.</p> <p>Partial provisional:</p> <p>The infection control coordinator, clinical manager and the general manager are knowledgeable around the infection prevention and control programme and responsibilities. There are no changes required with the reconfiguration of beds. There is adequate personal protective equipment (PPE) in stock. Hand sanitizers have been installed in the extension.</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. 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.</p>	<p>FA</p>	<p>Partial Provisional & Certification:</p> <p>The service has a comprehensive pandemic plan, which includes the Covid-19 response plan. The plan includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There are outbreak kits readily available and adequate supplies of personal protective equipment. Extra personal protective equipment (PPE) is available onsite as required.</p> <p>The infection control coordinators have completed in-house infection training and there is further external education planned. There is good external support from the GP, laboratory, and Te Whatu Ora - Southern nurse specialist.</p> <p>The infection and prevention control manual includes a</p>

		<p>comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed by the external quality consultant, the infection control coordinator, clinical manager and general manager (all are RNs). Policies are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Internal audit tools are in place to check these are being utilised and best practice standards are being met. The service has access to information and resources in te reo Māori around infection control for Māori residents from Māori health providers locally and through Te Whatu Ora- Southern. Policies and training sessions guide staff around culturally safe practice and acknowledge the spirit of Te Tiriti o Waitangi. The infection prevention control coordinators and the general manager are involved in the procurement of all equipment and consumables and have been involved in the planning of the new extension.</p> <p>Ribbonwood Country Home is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards and at handovers. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</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>	<p>FA</p>	<p>Certification and Partial Provisional:</p> <p>The service has policies and procedures documented around antimicrobial stewardship. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The policies are appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and discussed</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>at all facility meetings and reported to the Board in the management reports. The prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP interviewed reports they only prescribe antibiotics where required based on signs, symptoms and microbiology results.</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>Partial Provisional & Certification:</p> <p>Infection surveillance is an integral part of the infection control programme and is described in the infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends and benchmarked monthly and annually. Infection control surveillance is discussed at all facility meetings and reported to the Board through the manager report. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The facility incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>The service receives email notifications and alerts from Te Whatu Ora – Southern for any community concerns. All communications were observed to be culturally appropriate.</p> <p>Covid-19 outbreak in November 2022 was well managed. Daily logs were maintained, and staff were updated daily. Residents and relatives were updated regularly through emails and phone calls. The outbreak was appropriately notified.</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</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 kept in a locked cupboard and the trolley is kept in the laundry which is locked when</p>

<p>the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>not in use. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and face shields are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>There is a centrally located sluice room with a macerator, and adequate PPE including face shields and goggles. There is separate handwashing basins with flowing soap and paper towels.</p> <p>Towels, facecloths, bathmats, and infectious laundry is laundered off site by a contracted company. Sheets and personal laundry is processed on site by care staff. The laundry has a dirty to clean workflow. Clean linen is returned to linen cupboards on trollies while personal laundry is returned in individual baskets. The linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly.</p> <p>There are dedicated cleaning staff, and cleaning services are provided seven days a week. Cleaning and laundry services are monitored through the electronic internal auditing system by the household supervisor and is reviewed by the infection control coordinator. When interviewed, cleaner was able to describe appropriate infection control procedures and was wearing appropriate personal protective equipment.</p> <p>Partial Provisional:</p> <p>There will be no changes to the cleaning and laundry processes. There is provision in the rosters for extra cleaning hours. The sluice room with continue to service both wings and is within easy distance from the extension. Cleaning and laundry chemicals will continue to be stored in the existing secure chemical storage areas. Extra linen has been ordered. No changes are required with the extra beds.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>The restraint approval process, as described in the restraint policy and procedures provide guidance on the safe use of restraints. An</p>

<p>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>experienced RN (clinical manager) is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation. They are conversant with restraint policies and procedures. The facility has been restraint free since the clinical manager commenced working at the facility in 2015. Restraint minimisation training for staff, which includes a competency assessment begins during their orientation, and is repeated annually.</p> <p>The reporting process to the Board includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. The restraint policy ensures resident and family/whānau approval would be sought if restraint was being considered. Any impact on family/whānau would also be considered.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.7.1</p> <p>I shall have the right to make an informed choice and give informed consent.</p>	PA Low	<p>The five resident files reviewed documented two different types of advanced directive/ resuscitation, and not all files had an up-to-date status of any type.</p>	<p>Of the five files reviewed, two had a resuscitation status form that had not been reviewed at least annually and one did not have any.</p>	<p>Ensure resident files include an up-to-date resuscitation status.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>RN staffing is not consistently available 24 hours a day, 7 days a week (24/7). At the time of the audit, the RN vacancy was 1.8 full-time equivalents (FTEs). Two overseas RNs have been hired. They will begin employment later in the month of July and were awaiting their VISA approvals at the time of the audit. Adequate HCAs are rostered based on the availability of an RN.</p> <p>Three weeks of RN rosters were</p>	<p>RN staffing does not meet contractual requirements. Systems and processes have been implemented to minimise risk to the residents.</p>	<p>Ensure RN staffing meets contractual requirements with a minimum of one RN on site 24 hours a day, seven days a week.</p> <p>60 days</p>

		<p>reviewed. Week one (29 May – 4 June) had five shifts without an RN (one AM shift on the weekend, four-night shift); week two (5 June – 11 June) had seven shifts without an RN (one AM shift on the weekend, three PM shifts, three-night shifts; week three (12 June – 18 June) had seven shifts without an RN (three PM shifts; four-night shifts). A senior HCA is rostered when an RN is unavailable. The clinical managers and two staff RNs share the 24/7 on-call roster. A PRIME first responder is available 0830 – 2230 seven days a week.</p>		
<p>Criterion 3.2.2 Care or support plans shall be developed within service providers' model of care.</p>	<p>PA Moderate</p>	<p>Each of the resident files reviewed included an electronic care plan. The use of an electronic tool is relatively new to the service and much information regarding resident care needs was documented though progress notes. Staff interviewed were aware that information could be found in progress notes and the use of handovers ensured that staff are well informed.</p>	<p>Care plans reviewed did not describe all care needs including (i) One resident who had recently returned from hospital had not had their care plan updated to reflect: pain, post fall care, and management of alcohol; (ii); One resident with a wound did not have a short-term care plan in place to manage care associated with the wound.</p>	<p>Ensure care plans are documented and updated to reflect resident current needs.</p> <p>60 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or</p>	<p>PA Low</p>	<p>The service has a fully implemented incident and accident process in place, and all falls had an incident form documented. A selection of incident forms for residents who required neurological observations had not been fully completed.</p>	<p>Five of five neurological observation charts reviewed all documented 'asleep during the night' and neurological observations had not been documented during this time.</p>	<p>Ensure that neurological observations are completed as per policy.</p> <p>30 days</p>

<p>support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>				
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant</p>	<p>PA Low</p>	<p>There is a maintenance person who is employed for five hours over two weeks (and covers on call) to attend to general maintenance issues and gardening.</p>	<p>i). External areas including gardens, pathways and ramps are yet to be completed around the extension.</p> <p>ii). A certification of public use is yet to</p>	<p>i). Ensure landscaping and ramps are installed prior to admission of</p>

<p>to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>There is a preventative maintenance schedule which is shared between the maintenance man and the health and safety representative (HCA). The maintenance schedule has been maintained and planned electrical checks and calibration of all electrical and medical equipment has been completed. Hot water temperatures are checked and recorded and are within expected ranges.</p> <p>Partial provisional:</p> <p>New equipment required including a wheelchair and a ceiling hoist have been purchased and installed. The new extension is completed and furnished. There are sitting scales in the existing building which are suitable and within easy distance of the new building. Not all landscaping has been completed; however, there are two other outdoor areas in the existing facility the 'new' residents can use while lawns and gardens are planted. The facility has applied for a certificate of public use.</p>	<p>be issued.</p>	<p>residents.</p> <p>ii). Ensure the certificate of public use is issued prior to occupancy.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Low</p>	<p>A fire drill has been held in the new extension. The fire department have visited. Fire evacuation signage is in place and fire doors have been installed and connected to the alarm system. The fire department has not yet issued an updated fire evacuation plan.</p>	<p>The fire evacuation plan is yet to be issued.</p>	<p>Ensure the fire evacuation plan is in place prior to occupancy.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.