

# West Otago Health Limited - Ribbonwood Country Home

---

## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, 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 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	West Otago Health Limited
<b>Premises audited:</b>	Ribbonwood Country Home
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 8 July 2016      End date: 8 July 2016
<b>Proposed changes to current services (if any):</b>	Addition of Hospital - medical to the their current certification
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	11

# 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 outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. 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 standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards 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 standards applicable to this service partially attained and of low risk

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

## General overview of the audit

Ribbonwood home is part of West Otago Health Limited. The service is currently certified to provide hospital services - geriatric and rest home level care for up to 14 residents. There were 11 residents on the day of audit.

A business manager, with support from a general practitioner and a rest home team leader, manages the service. Family and residents interviewed all spoke very positively about the care and support provided. The service opened in February 2016 and has been implementing a quality and risk management programme.

This certification audit was conducted against the Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, general practitioner and staff.

The service has also been verified, as part of this audit, as suitable to provide medical services under their hospital certification.

The audit identified that improvements are required around timeframes for completion of care plans, aspects of medication management and implementation of the scheduled maintenance programme.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
--	--	--

Ribbonwood home provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and is documented in care plans. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Residents and family interviewed verified ongoing involvement with community. Information about the Code and related services is readily available to residents and families. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
---	--	--

Ribbonwood home is implementing a quality and risk management system that supports the provision of clinical care. Quality activities are conducted and corrective actions have been developed and implemented. The service has a culture of health and safety. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
--	--	---

Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The registered nurses are responsible for care plan development with input from residents and family. A review of a sample of resident files identified that assessments, interventions and evaluations reflected current care.

Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medication management policies and procedures are documented in line with legislation and current regulations.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
--	--	---

Ribbonwood home has documented processes for waste management. Chemical safety training has been provided to staff. The service has a current building WOF and reactive maintenance is completed. Annual testing and tagging of all the new electrical equipment has been conducted. The home is spacious and includes a dining room, and three lounge areas. All resident rooms have full ensuite facilities and are of sufficient size to accommodate rest home or hospital level residents. The service has implemented policies and procedures for fire, civil defence and other emergencies. General living areas and resident rooms are appropriately heated and ventilated. Residents have access to communal areas for entertainment, recreation and dining. Residents are provided with safe and hygienic cleaning and laundry services.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
---	--	--

Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were no residents with restraint or enablers. Training and audits have been completed.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
---	--	--

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. A registered nurse is the infection control coordinator. A suite of infection control policies and guidelines meet infection control standards. Staff receive annual infection control education. Surveillance data is collected and collated.

## Summary of attainment

The following table summarises the number of standards 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)
Standards	0	42	0	3	0	0	0
Criteria	0	90	0	3	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Ribbonwood has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). One caregiver, one enrolled nurse, two registered nurses (RN), one rest home team leader and the activities coordinator/caregiver were able to describe how they incorporate resident choice into their activities of daily living. The service actively encourages residents to have choices and this includes voluntary participation in daily activities, as confirmed on interview with six residents (five rest home and one hospital).</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. Five resident files sampled included written consents signed by the resident. Advanced directives were signed-for separately. There is evidence of discussion with the general practitioner and resident when completing resuscitation orders. Caregivers and two registered nurses interviewed confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p> <p>Four of four long-term resident files sampled had a signed admission agreement.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlet on admission. Interviews with residents and family confirmed they were aware of their right to access advocacy. Advocacy is discussed at resident meetings and information is available along with complaints forms and process.</p> <p>Residents confirm that the service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the resident's family and chosen social networks.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Interview with residents confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged wherever possible to maintain former activities and interests in the community. They are supported to attend community events, clubs and interest groups in the community. Residents confirm that staff help them access community groups.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>There is a complaints policy to guide practice, which aligns with Right 10 of the Code. The business manager is responsible for complaints management. No complaints have been received since the service opened in February 2016. Advised by the business manager that investigation of concerns/complaints would be conducted with input from the team leader for clinical and care issues. Complaints forms are visible and available for relatives/residents. A complaints procedure is provided to residents within the information pack at entry. A complaints register is available. Complaints are a standing agenda item at staff, residents and quality meetings. Management operate an 'open door' policy.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>A welcome pack provided to residents on entry includes information on how to make a complaint, Code of Rights pamphlet, advocacy and Health &amp; Disability (HDC) Commission. Six rest home relatives and residents advised that they were informed of any liability for payment of items not included in the scope of the service. This is included in the signed service agreements. Residents and relatives interviewed confirmed they received all the relevant information during admission.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And</p>	<p>FA</p>	<p>There are policies in place to guide practice in respect of independence, privacy and respect. Resident preferences are identified during the admission and care planning process, with family</p>

<p>Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>involvement. Staff were observed to be respectful of residents' personal privacy by knocking on doors prior to entering resident rooms during the audit. Residents interviewed confirmed staff respect their privacy, and support residents in making choice where able. Do not disturb signs are placed on residents' doors which alert staff. Staff have completed education around privacy, dignity and elder protection.</p> <p>Resident files are stored securely. There are clear instructions in their admission agreement provided to residents on entry, regarding responsibilities of personal belonging.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Ribbonwood has a Māori health plan included in the cultural safety policy that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). Residents who identify as Māori would have this documented in their files, and care plans include interventions to meet their cultural needs. Linkages with Māori community groups are available and accessed as required.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Care plans sampled included the residents' values, spiritual and cultural beliefs. Six monthly reviews are planned to occur to assess if the resident's needs are being met. Discussion with family and residents confirm values and beliefs are considered. Residents are supported to attend church services of their choice.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the five staff files sampled. Staff comply with confidentiality and the code of conduct. The RNs and allied health professionals practice within their scope of practice. The orientation programme, management and staff meetings include discussions on professional boundaries and concerns/complaints as they arise (minutes sighted). Interviews with the business manager, the registered nurses and care staff confirmed an awareness of professional boundaries. Registered nurse files reviewed evidence attendance at professional boundaries and code of conduct training.</p>

<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Ribbonwood policies and procedures meet the health and disability safety sector standards. Staff are made aware of new/reviewed policies and sign to say they have read them. An environment of open discussion is promoted. Staff report that the team leader (RN), business manager and registered nurses are approachable and supportive. Allied health professionals are available to provide input into resident care including physiotherapist and dietitian. Staff complete relevant workplace competencies. The RNs have access to external training. Discussions with residents and family were positive about the care they receive.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. The team leader and registered nurses interviewed confirm that family are kept informed. Relatives stated they are notified promptly of any incidents/accidents. Resident meetings encourage open discussion around the services provided (meeting minutes sighted).</p> <p>There is access to an interpreter service as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Ribbonwood provides care for up to 14 rest home and hospital (geriatric) level care residents. On the day of audit, there were 11 residents - nine rest home (including three respite), and two hospital residents. All permanent residents were under the aged related contract. All rooms at Ribbonwood are dual-purpose (rest home or hospital).</p> <p>This audit verified that the service has appropriate processes, facilities and staffing to provide hospital - medical care. 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 trained registered nurses. The service has access to a physiotherapist who works in the medical centre.</p> <p>The service has a current strategic plan and a business plan for 2016. The business plan identifies the purpose, values and scope of the business. The quality and risk management plan outlines the quality goals, which are reviewed at the quality meeting and weekly management meeting. A trust board governs the service. The board meets six weekly and receives reports from the business manager on all aspects of service delivery at Ribbonwood. The GP and the registered nurse team leader provide clinical oversight at Ribbonwood.</p> <p>The business manager has completed at least eight hours of professional development related to managing an aged care facility.</p>

<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The registered nurse team leader and the GP provide cover in the absence of the business manager, with support from the Ribbonwood office team and the registered nurses.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Ribbonwood is implementing a quality and risk management system. The business manager and the nurse team leader oversee the quality programme. The quality programme includes goals for 2016.</p> <p>Policies and procedures implemented provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Staff confirmed they are made aware of any new/reviewed policies.</p> <p>The quality programme and quality activities conducted are reviewed via the staff meetings and quality meetings. Meeting minutes sighted evidence discussion around accident/incident data, health and safety, infection control, audit outcomes, and complaints and concerns. A resident and relative survey is scheduled for October 2016. The service collates accident/incident and infection control data. Meeting minutes, monthly data comparisons, trends and graphs are available for staff information. Care staff interviewed were aware of quality data results, trends and corrective actions.</p> <p>An internal audit programme covers all aspects of the service. The outcomes of internal audits are discussed with staff at the various meetings. Corrective actions have been developed and implemented for shortfalls in service identified.</p> <p>There is an implemented health and safety programme in place including policies to guide practice. There are designated health and safety staff representatives. Current hazard registers have been developed for all service areas and are easily located for staff. Staff confirm they are kept informed on health and safety matters at meetings.</p> <p>Fall prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p>	FA	<p>A sample of accident/incident forms for May and June were reviewed. There has been timely clinical assessment of residents completed by a registered nurse. Accidents/incidents were also recorded in</p>

<p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>the resident progress notes. There is documented evidence the family had been notified of accidents/incidents where this has been requested.</p> <p>The service collects incident and accident data and reports the data to the quality meeting and staff meeting. Staff interviewed confirm incident and accident data are discussed at the various meetings and information and graphs are made available.</p> <p>Discussions with the management team confirm an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. Six staff files sampled contained all relevant employment documentation and included three registered nurses, one caregiver and one cook. Current practising certificates were sighted for registered nurses and allied health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed advised that they completed a weeklong orientation programme in early February, prior to admission of residents to the service. Employment documentation was evident in the sample of staff files reviewed. Annual appraisals are not yet due.</p> <p>There is an education planner in place for 2016 and is being implemented. Two registered nurses have completed InterRAI training. Staff complete competencies relevant to their role.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The business manager is on site full time. The rest home team leader (RN) works two days per week. Registered nurses are rostered on 24/7 and there are RNs on call 24/7. The caregivers, residents and family interviewed inform there are sufficient staff on duty at all times.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The resident files are appropriate to the service type. All relevant initial information is recorded within required timeframes into the resident's individual record. All resident records containing personal information are kept confidential. Entries were legible, dated and signed by the relevant nurse aide or registered nurse including designation. Files are integrated.</p>

<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>The service has admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The service screens all potential residents prior to entry and records all admission enquiries. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the team leader. The admission agreement form in use aligns with the requirements of the ARCC contract. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition. Respite residents are supported to transition back home when ready. Communication with families is well documented around exit.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Not all medication records reviewed evidenced that medication has been administered as prescribed. Eleven medication records were reviewed. The registered nurses are responsible for the administration of medications. Staff who administer medication have been assessed as competent. The facility uses a blister pack medication management system for the packaging of all tablets. The RN reconciles the delivery of the packs from the pharmacy and documents this. Medication charts are written by the GP and there was documented evidence of three monthly reviews. Medications reviewed were prescribed and charted in line with guidelines. There were no residents self-administering. The secure treatment room includes a medication fridge. The temperature of the fridge is monitored.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of</p>	<p>FA</p>	<p>The food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. There are two chefs at the service. They prepare and cook all meals on-site. Both have completed food safety training. The summer and winter menu have been reviewed by a dietitian.</p> <p>Residents are provided with meals that meet their food, fluids and nutritional needs. The registered</p>

<p>service delivery.</p>		<p>nurses complete the dietary requirement forms on admission and provide a copy to the kitchen. The service also provides additional or modified foods.</p> <p>Chiller, freezer and food temperatures are monitored and recorded daily. Cooked meals are plated from the kitchen directly to the dining room. The residents confirmed that they are provided with alternative meals as per request. All residents are weighed regularly. Residents with weight loss are provided with food supplements.</p> <p>Residents and family members interviewed spoke positively about the meals provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service records the reasons for declining service entry to potential residents should this occur and communicates this decision to potential residents/family/whānau. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The registered nurses utilise standardised risk assessment tools on admission and the InterRAI assessment tool. InterRAI assessments, assessment notes and summary were in place for all resident files reviewed. The long-term care plans reviewed reflected the outcome of the assessments and goals were identified.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The long-term care plans reviewed described areas of the support required to meet the resident's goals and needs, and identified allied health involvement under a range of template headings. Care plans evidenced regular evaluations. The respite resident file sampled had a documented care plan. It was documented that residents and their family/whānau were involved in the care planning and review process. Short-term care plans (STCP) are in use for changes in health status. A register of STCPs identified these were regularly used for acute changes of health status and evaluated by the service. Two of the five files reviewed had current STCPs in place.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and</p>	<p>FA</p>	<p>Caregivers and registered nurses follow the care plan and report progress against the care plan each shift. If external nursing or allied health advice is required, the RNs will initiate a referral (eg, physiotherapist). If external medical advice is required, this will be actioned by the GP or nurse</p>

<p>appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>practitioner. Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described. Monitoring charts are available and registered nurses interviewed could describe when these have been used. Weights, observations and BSLs were completed as per care plan interventions. Residents with weight loss were identified.</p> <p>There were two wounds currently being dressed and managed (skin tear and blisters). Documentation reviewed included assessments, management plans, progress and evaluations. Both wounds linked to short-term care plans.</p>
<p>Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>An activities coordinator also undertakes other roles in the service including caregiving. All staff incorporate activities on a daily basis as part of their caregiving/nursing roles. A generic monthly plan is developed with resident favourites including (but not limited to) newspaper reading, housie, happy hour, outings, church services, quizzes. Interviews with residents identified that activities provided were appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating.</p> <p>Each resident has an individual activities assessment on admission and from this information an individual activities care plan is developed. Implementation of the activities plan is evaluated monthly and attendance records are maintained. These were sighted in the five files reviewed.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plan evaluations were sighted in resident files reviewed. These have been completed on a regular basis rather than waiting for when the six monthly review is due. Evaluations document progress toward goals. There is at least a three monthly review by the GP. The files reviewed included examples where changes in health status had been documented and followed up. Short-term care plans reviewed had been evaluated and closed-out, or they were added to the long-term care plan where the problem was ongoing.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or</p>	<p>FA</p>	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The nurses initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes. The staff provided examples of where a resident's condition had changed and the resident was reassessed. There is currently one</p>

<p>disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>rest home resident awaiting reassessment to a higher level of care.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Waste management procedures are addressed in the safe environment and health and safety manuals. The staff orientation process includes chemical usage, hazard management and the use of material safety datasheets. All hazardous chemicals are stored in secured areas. Appropriate sharps bins are available. The sluice and laundry includes protective equipment including gloves, eye protection and aprons. Food service staff wear hats.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>West Otago Health Ltd Ribbonwood home is a purpose built 14-bed aged care facility attached to the local medical centre. The facility is a single storey building that is spacious and all rooms are fully furnished and personalised. Fixtures and fittings are appropriate and meet the needs of the residents. There is a current building WOF that expires 8 January 2017. Outside areas are landscaped, with pathways and garden beds. The perimeter of the grounds is fenced off. Hot water temperatures are checked monthly and are below 45 degrees Celsius (records sighted).</p> <p>There is adequate equipment (including medical) available (but not limited to) two hoists, pressure relieving mattresses, oxygen and suction. A medical equipment functional test has been completed by Dental and Medical 6/8/15. The hoist and weigh scales have been calibrated by Cubro in January 2016.</p> <p>Flooring surfaces are made of non-slip materials. The policy on transportation and vehicle usage describes transportation requirements. Building compliance activities are completed and signed out. There is a documented preventative and reactive maintenance programme. Currently the West Otago Trust members are responsible for all maintenance. While reactive maintenance issues have been addressed, the monthly preventative maintenance programme has not yet been implemented.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving</p>	<p>FA</p>	<p>The Ribbonwood home has 14 resident rooms. Each room has a full ensuite bathroom including a vanity unit, shower and toilet facilities. The ensuites are large enough to ensure that residents who require assistance are managed safely. There is also one communal shower and toilet room spacious enough for a shower bath trolley. There is a mobility toilet near the communal lounge area.</p>

assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	The 14 resident rooms are spacious and are of sufficient size to cater for either rest home or hospital level residents. All rooms are spacious enough to allow residents to move safely around the furnishings with their mobility aids and for the use of a standing or sling hoist. Residents have personalised their rooms. All rooms are fully furnished. Each resident room doorway has been fitted with dual doors, which open to provide extra space for manoeuvring mobility and transfer equipment.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	Ribbonwood home has a dining room and three lounge areas. Activities occur in any of these areas. Residents are free to use alternate areas if they do not want to participate in communal activities that are running in one of these areas. There is adequate space to store mobility aids while residents are having their meals. Seating and space is arranged to allow both individual and group activities to occur. Residents interviewed confirmed satisfaction with the communal areas.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The service has policies and procedures in place for management of laundry and cleaning practices. Product user charts, chemical safety data sheets for chemicals used in the facility, cleaning manuals and task sheets were reviewed. Currently caregivers/nurses on the floor are responsible for cleaning. Staff could describe this. Residents and relatives interviewed confirmed the facility is kept clean and tidy and there were no concerns around the laundry service.</p> <p>There is a laundry in the staff service area. There is a visual dirty to clean flow in the laundry. Resident's personal laundry is laundered on site. All other laundry is sent off site for laundering. The nightshift staff complete the majority of laundry duties.</p> <p>Chemicals are stored in a locked cleaning cupboard and an automatic dispensing system has been fitted. The cleaner's cupboard was locked. Cleaning and laundry audits are included in the annual audit schedule.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate</p>	FA	Emergency management plans are in place to ensure health, civil defence and other emergencies are covered. Fire and evacuation training was provided during the weeklong orientation programme prior to opening, and completed six monthly (last 5 July 2016). Civil defence resources are available. Appropriate training, information, and equipment for responding to emergencies has been part of the

<p>and timely response during emergency and security situations.</p>		<p>orientation of new staff. There is an emergency management manual, and a fire and evacuation manual. External providers conduct system checks on alarms, sprinklers and extinguishers. First aid supplies are available. There is a staff member on duty across 24/7 with a current first aid certificate.</p> <p>There is an approved fire evacuation scheme dated 7 January 2016.</p> <p>Emergency lighting is provided, as well as alternative heating and a generator, which can power the entire facility in an emergency. Extra blankets, torches and supplies are available. There will be sufficient food in the kitchen to last for three days in an emergency and there are sufficient emergency supplies of stored water available. Call bells were adequately located in all communal areas. Each bedroom has a call bell in the both the bedroom and the bathroom and these link to staff pages.</p> <p>Public access is limited to the main entrance. Staff carry out door checks on afternoon and night shifts. Swipe card access is required for the doors between the medical centre and the rest home.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>General living areas and bedrooms are appropriately heated and ventilated. Each bedroom has a self-controlling radiator. There is a wood-fired boiler system, which provides heating and hot water. Alternative heating via a diesel boiler is also available. One lounge has a gas log fire. Room temperatures can be individually adjusted. Residents have access to natural light in their rooms and there is adequate external light in communal areas.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>A registered nurse is the infection control coordinator. The job description for the infection control coordinator has identified delegated responsibility for infection control within the service. The infection control coordinator collates infection data and provides education and support to staff. The infection control programme is not yet due for review.</p> <p>Visitors are asked not to visit if they have been unwell. There are hand sanitisers throughout the facility and adequate supplies of personal protective equipment. There have been no outbreaks. The infection control team is included as part of the quality and staff meetings.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources</p>	<p>FA</p>	<p>The infection control coordinator (registered nurse) manages infection control. The infection control coordinator has maintained current knowledge of infection prevention and control. The infection control coordinator has access to infection control personnel within the district health board, laboratory services and the GP.</p>

to implement the infection control programme and meet the needs of the organisation.		
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. The policies have been reviewed.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	The infection control coordinator is responsible for coordinating/providing education and training to staff. Infection control education has been provided in the past year. Staff receive education on orientation and as part of the training schedule. Infection control was provided as part of the orientation of staff prior to opening. Resident education occurs during the course of daily cares.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Surveillance data is available to all staff. Corrective actions are established where trends are identified.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioner. Systems in place are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use</p>	FA	The restraint policy includes the definitions of restraint and enablers and comprehensive restraint procedures. Interviews with staff confirms their understanding of restraints and enablers. There were no residents with restraint or enablers. All enabler use is voluntary. Restraint minimisation training

of restraint is actively minimised.		has been provided and audits are conducted.
-------------------------------------	--	---

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer 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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>The medication charting reviewed met legislative requirement. The GP dated and signed discontinued medications. All ‘as required’ medications had an indication for use. Medication is appropriately stored and expired medication is disposed of as per policy. Medication reconciliation occurs on admission. Medication charts were completed for respite residents. Two of eleven medication charts reviewed included examples where medication had not been signed as given.</p>	<p>Two medication charts (one respite, one hospital resident) included examples where medication had not been signed as given on consecutive days. Staff had not followed this up and the medication had not been discontinued.</p>	<p>Ensure medication is given as charted and this is signed for.</p> <p>30 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning,</p>	PA Low	<p>Five of five files sampled (including one respite file) identified initial assessments and the registered nurse completed initial care plans within 24-hours of admission.</p>	<p>Three of four long-term care plans (two rest home, one hospital) were not</p>	<p>Ensure care plans are completed</p>

provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.		The four resident files reviewed included InterRAI assessment tool as per contractual requirements. Three of four long-term care plans reviewed were not completed within three weeks of admission.	completed within three weeks of admission.	within three weeks of admission as per ARCC D16.3c.  90 days
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	There is a current building WOF. Building compliance activities are completed and signed out. There is a documented preventative and reactive maintenance programme. Currently the West Otago Trust members are responsible for all maintenance. While reactive maintenance issues have been addressed, the monthly preventative maintenance programme has not yet been implemented.	There is no documented evidence the monthly preventative maintenance plan is being implemented.	Ensure the preventative maintenance plan is implemented.  90 days

## Specific results for criterion where a continuous improvement has been recorded

---

As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer 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.