

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:

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| 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: 15 July 2019 End date: 16 July 2019 |
| Proposed changes to current services (if any): | None |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 14 |

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 |
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|  | 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 |
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| Yellow | 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 |
| Red | 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 Country Home is part of West Otago Health Limited. The service is certified to provide hospital services - geriatric and medical and rest home level care for up to 14 residents. There were 14 residents on the day of audit.

A business manager (RN), with support from the nurse leader, manages the service. Family and residents interviewed all spoke very positively about the care and support provided

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.

There were no areas for improvement identified at this audit.

The service is commended for achieving continuous improvement ratings around recognition and respect of ethnic, cultural and spiritual values, and quality improvements.

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.

All standards applicable to this service fully attained with some standards exceeded.

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on noticeboards. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents and/or their family/whānau. Residents are encouraged to maintain links with the community. Complaints processes are implemented, and complaints and concerns are managed appropriately.

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 Country Home has implemented a quality and risk management system. Key components of the quality management system include management of complaints, implementation of an internal audit schedule, incidents and accident reporting and analysis, review of infections, review of risk and monitoring of health and safety including hazards. Facility meeting minutes evidenced discussion around quality data, quality improvements and corrective actions. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and there are sufficient staff on duty at all times. There is an implemented

orientation programme that provides new staff with relevant information for safe work practice. The education programme includes mandatory training requirements.

Continuum of service delivery

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| 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. | | Standards applicable to this service fully attained. |
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There is a comprehensive admission package on all services and levels of care provided at Ribbonwood Country Home. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and develops the care plan documenting supports, needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were reviewed at least six-monthly. Resident files included the general practitioner, specialist and allied health notes.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines and complete annual education and medication competencies. The electronic medication charts reviewed meet prescribing requirements and were reviewed at least three-monthly.

Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident group. Residents and families reported satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. A verified food control plan is implemented. A dietitian has reviewed the menu. 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

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| 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. | | Standards applicable to this service fully attained. |
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The building, plant and equipment comply with legislation. There is a preventative maintenance schedule in place. There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals are stored safely and there is appropriate protective equipment and clothing for staff.

Resident bedrooms are single occupancy, personalised and all have ensuites. General living areas and residents rooms are appropriately heated and ventilated. Residents have access to communal area for entertainment, recreation and dining.

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. Systems and supplies are in place for essential, emergency and security services. There is a trained first aider on duty at all times.

Restraint minimisation and safe practice

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| 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. |
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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. The infection control nurse (registered nurse leader) is responsible for coordinating education and training for staff. There is a suite of infection control policies and guidelines to support practice. The infection control coordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility. Surveillance data is collected, collated and benchmarked.

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) |
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| Standards | 1 | 44 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 2 | 91 | 0 | 0 | 0 | 0 | 0 |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
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| 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 |
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| <p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p> | FA | <p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with staff (two caregivers, a diversional therapist, two registered nurses and the manager) confirmed their familiarity with the Code. Interviews with six residents (two hospital and four rest home) and three relatives (one hospital and two rest home) confirmed the services being provided are in line with the Code. Code of rights and advocacy training has been provided for staff.</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 and the respite files sampled had a signed admission agreement.</p> |

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| <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> | FA | <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 confirmed 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> | FA | <p>Interviews with residents and relatives confirmed that visiting can occur at any time. Family members were seen visiting on the days of the audit. Key people involved in the resident's life are documented in the care plans. Discussions with residents and relatives verified that they are supported and encouraged to remain involved in the community. Ribbonwood Country Home staff support ongoing access to the community. Entertainers are invited to perform at the facility.</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> | FA | <p>The complaints procedure is provided to residents/relatives at entry and are visible and available. A complaint management record is completed for each complaint. A record of all complaints is maintained by the facility using a paper-based complaint register. There have been two complaints made since the last audit. Documentation, including follow-up letters and resolution, demonstrated that complaints are well managed. Discussion with residents and relatives confirmed they were provided with information on complaints and complaints forms. 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> | FA | <p>The service has information on The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) available at the entrance to the care facility. The code of rights is displayed in English and Māori. There is a welcome information folder that includes information about the code of rights. The resident, family or legal representative has the opportunity to discuss this prior to entry and/or at admission with the business manager (RN) and team leader (RN). Residents and relatives confirmed they receive sufficient verbal and written information to be able to make informed choices on matters that affect them.</p> |
| <p>Standard 1.1.3: Independence,</p> | FA | <p>The service provides physical and personal privacy for residents. During the audit, staff were observed</p> |

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| <p>Personal Privacy, Dignity, And 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>treating residents with respect and ensuring their dignity is maintained. Staff interviewed were able to describe how they maintain resident privacy. Staff sign a code of conduct of confidentiality on employment. Staff attend privacy and dignity, and abuse and neglect in-service as part of their education plan. Care staff interviewed stated they promote independence with daily activities where appropriate. Residents' cultural, social, religious and spiritual beliefs are identified on admission and included in the residents' care/activity plan to ensure the resident receives services that are acceptable to the resident/relatives.</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>There is a Māori health plan and cultural safety and awareness policy to guide staff in the delivery of culturally safe care. The policy includes references to other Māori providers that are available and interpreter services. Māori are represented at board level with the board appointing a Ngai Tahu trustee. The Māori health plan identifies the importance of whānau. Care staff were able to describe how to access information and provide culturally safe care for Māori. There are no residents at Ribbonwood currently who identify as Māori.</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> | CI | <p>Care planning includes consideration of spiritual, psychological and social needs. Residents interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed. Family involvement is encouraged. Care plans reviewed included the residents' social, spiritual, cultural and recreational needs.</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>Position 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 facility manager, the registered nurses and care staff confirmed an awareness of professional boundaries. Registered nurse files reviewed evidenced attendance at professional boundaries and code of conduct training. Residents interviewed stated they are treated fairly and with respect.</p> |

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| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p> | <p>FA</p> | <p>The quality programme is designed to monitor contractual and standards compliance, and the quality of service delivery in the facility. Staffing policies include pre-employment, and the requirement to attend orientation and ongoing in-service training. The recent resident and family satisfaction survey's reflect high levels of satisfaction with the services received. Policies and procedures have been updated by the external policy contractor and are available to staff. Staff meetings and residents' meetings have been conducted.</p> <p>Residents and relatives interviewed spoke very positively about the care and support provided. Staff had a sound understanding of principles of aged care and stated that they feel supported by the business manager (RN), team leader and registered nurses. There are implemented competencies for caregivers. There are clear ethical and professional standards and boundaries within job descriptions. The RNs have access to external training. Discussions with residents and family were positive about the care they receive. The service has exceeded the standard around recruitment of qualified staff.</p> <p>Ribbonwood introduced international nurses into their rural area in NZ to ensure that a positive experience from the international nurses would help to retain staff, maintain existing high staff morale and assist with the service's aim of being a large family.</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>Policies are in place relating to open disclosure. Residents and family members interviewed stated they were welcomed on entry and given time and explanations about the services and procedure processes in place to support family being kept informed.</p> <p>Regular contact is maintained with family, including if an incident or care/health issues arises. Families interviewed, stated they were kept well informed. Ten incident/accident forms were reviewed and identified that the next of kin were contacted or if not, justification as to why family were informed of all adverse events in a timely manner.</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. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p> <p>The facility has an interpreter policy to guide staff in accessing interpreter services. Residents (and their family/whānau) are provided with this information at the point of entry.</p> |
| <p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are</p> | <p>FA</p> | <p>Ribbonwood is community owned and provides care for up to 14 rest home and hospital (geriatric and medical) level care residents. Board members are appointed by the community and include Māori and medical staff representation. On the day of audit, there were 14 residents - nine rest home (including</p> |

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| <p>planned, coordinated, and appropriate to the needs of consumers.</p> | | <p>one respite), and five hospital residents (including one on an exceptional circumstance funding contract). 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 trained registered nurses up until 10.30 pm. Gore hospital provides after hours support between 10.30 pm and 7 am. 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 2019. 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 combined staff quality meeting and bi-monthly management meeting. A trust board governs the service. The board meets bi-monthly and receives monthly reports from the business manager (RN) 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 (RN) 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> | <p>FA</p> | <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> | <p>FA</p> | <p>Ribbonwood Country Home has a quality risk management plan in place that is reviewed annually. The business manager (RN) and team leader/RN oversees the quality programme. The service has in place a range of policies and procedures to support service delivery that have been developed by an external consultant and reviewed regularly. Staff are required to read reviewed/new policies.</p> <p>Facility meetings involving all staff include discussion around quality data including complaints, compliments, health and safety, accident/incidents, infection control and internal audits and outcomes. Trends are identified and analysed for areas of improvement. Staff interviewed confirmed they are required to read meeting minutes. Meeting minutes and quality data is displayed for staff.</p> |

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| | | <p>Quality improvement activities are identified from internal audits, meetings, staff and resident feedback and incidents/accidents. Internal audits are completed as scheduled. Corrective action logs are raised for areas of non-compliance and signed off as completed. The 2019 resident survey demonstrated all respondents were happy with all aspects of the service. The 2019 family survey was also very positive.</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 confirmed they are kept informed on health and safety matters at meetings.</p> <p>Falls prevention strategies are in place that include the analysis of falls and the identification of interventions on a case-by-case basis to minimise future falls. The service has exceeded the standard around falls minimisation.</p> |
| <p>Standard 1.2.4: Adverse Event Reporting</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> | FA | <p>There is an accidents and incidents reporting policy. Incidents are collated and analysed monthly. Staff interviewed confirmed incident and accident data are discussed at the various meetings and information and graphs are made available. A review of a sample of ten incident and accident forms for June and July 2019 was conducted. Corresponding resident files were also reviewed. All forms were fully completed and included follow-up by registered nurses and completion of neurological observations where appropriate.</p> <p>Discussions with the manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no notifications required since the previous audit.</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> | FA | <p>There are human resources policies to support recruitment practices. Five staff files sampled (two RNs, two caregivers and one chef) contained all relevant employment documentation. 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. Employment documentation was evident in the sample of staff files reviewed. Annual appraisals are completed annually.</p> <p>There is a comprehensive education planner in place for 2019 and this is being implemented. Minimal in-service education was scheduled for 2018, however all required education has been completed and is current for 2019. Three registered nurses have completed interRAI training and another is booked to attend. Most care staff have attained Careerforce level two or three qualifications. Staff complete competencies relevant to their role.</p> |

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| <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> | FA | <p>An organisational staffing policy aligns with contractual requirements and includes skill mixes. The business manager (RN) works 40 hours per week and is available 24/7 on-call duties with the senior nurses.</p> <p>For 14 residents (nine rest home and five hospital) there is an RN (or RN team leader) and a caregiver on for the full shift morning, afternoon and night shift. The activities coordinator works 11 hours per week at times which suit the residents. The caregivers, residents and family interviewed informed 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> | FA | <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 caregiver 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> | FA | <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> | FA | <p>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exit or discharges to and from the service.</p> |

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| <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>FA</p> | <p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Registered nurses and care staff that administer medications have been assessed for competency on an annual basis. Registered nurses complete syringe driver training. Education around safe medication administration has been provided. Safe medication practice was complied with during the observe medication administration round. Standing orders are not used. There were two residents who self-medicate inhalers as needed, on the day of audit, and appropriate processes are in place to ensure this is managed safely, including the resident having been assessed as competent for this task. All medications are stored appropriately. All eye drops were dated on opening. The RN reconciles the delivery of the packs from the pharmacy and documents this. The medication fridge is monitored daily, with temperatures recorded within the required range.</p> <p>All ten medication charts reviewed (six hospital and four rest home) met legislative prescribing requirements including documentation of indications for use for 'as required' medications. The GP had reviewed the medication charts three-monthly.</p> <p>Administration records sampled documented that all medications had been administered as prescribed.</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 service delivery.</p> | <p>FA</p> | <p>All meals at Ribbonwood Home are prepared and cooked on site. There is a seasonal rotating menu, which had been reviewed by a dietitian. Meals are prepared in the kitchen adjacent to the home dining room and served directly to residents. A verified food control plan is in place and includes principles of food safety, ordering, storage, cooking, reheating and food handling. Fridge and freezer temperatures are monitored and recorded daily. There are two qualified chefs and an experienced cook sharing a two-week roster. All kitchen staff, registered nurses and caregivers are trained in safe food handling and food safety procedures are adhered to.</p> <p>Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen, via the registered nurses. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by a GP/dietitian.</p> <p>Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed spoke positively about the meals provided.</p> |
| <p>Standard 1.3.2: Declining Referral/Entry To Services</p> | <p>FA</p> | <p>A process to inform potential residents and family, in an appropriate manner, of the reasons why the service had been declined would be implemented, if required. The prospective residents would be</p> |

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| 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. | | declined entry if not within the scope of the service or if a bed was not available. |
| Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | 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. |
| Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Resident lifestyle plans reviewed were resident focused and individualised. All identified support needs as assessed, were included in the care plans for all resident files reviewed. A short-term care plan was in place for the respite care resident. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrated service integration and evidence of allied health care professionals involved in the care of the resident such as the physiotherapist, older persons health, wound management and the hospice service. Short-term care plans were in place for short-term needs. |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | When a resident's condition alters, the registered nurse initiates a review and if required a GP consultation. There is evidence that family members were notified of any changes to their relative's health including, accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented in the resident file. Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessments, treatment and evaluations were in place for all current wounds and skin tears. There were no pressure injuries on the day of audit. There was a range of equipment readily available to minimise pressure injury. Chronic wounds have been linked to the long-term lifestyle plans. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. |

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| | | Short-term care plans document appropriate interventions to manage short-term changes in health. |
| <p>Standard 1.3.7: Planned Activities</p> <p>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> | FA | <p>There is a diversional therapist employed who works eleven hours per week, Monday – Friday, with flexibility to work hours that suit the residents’ needs. All staff incorporate activities on a daily basis as part of their caregiving/nursing roles. A monthly plan is developed with opportunity to provide spontaneous activities that meet the residents’ needs. Activities include (but not limited to) newspaper reading, housie, happy hour, van outings, church services, quizzes and craft.</p> <p>Each resident has an individual activities profile and assessment on admission and from this information, an individual activities plan is developed. An activities attendance register is maintained for each resident. The activities programme reflects the residents’ cognitive and physical abilities. Monthly progress notes document the resident’s involvement in activities. Each resident’s activities goals are evaluated six monthly and includes progress towards meeting the goals. Activities reflect ordinary patterns of life and include planned visits to the community. Ribbonwood home receives monthly visits from the local kindergarten and the local school have visited to showcase outfits they wore to the school formal ball. There are weekly happy hours where local entertainers visit and entertain residents. Residents and families interviewed commented that activities meet resident needs. There are bi-monthly resident meetings, where residents are asked for suggestions as part of planning activities for the next month. Church services are provided every Sunday.</p> |
| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | FA | <p>All initial care plans reviewed were evaluated by the RN within three weeks of admission. Long-term lifestyle plans had been reviewed at least six-monthly or earlier for any health changes. 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. The written evaluation documents the residents progress against identified goals. The GP reviews the residents at least three-monthly or earlier if required. The multidisciplinary team includes the clinical team leader, DT, GP, resident/relative and any other allied health professional involved in the care of the resident. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Changes are made to care plans if needs alter.</p> |
| <p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or</p> | FA | <p>Referral to other health and disability services was evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents.</p> |

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| <p>disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p> | | <p>The residents and the families are kept informed of the referrals made by the service.</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>Documented processes are in place for the management of waste and hazardous substances. Interviews with the housekeeper and management confirmed there is safe storage and safe use of chemicals. Sluice facilities are provided for the disposal of waste. There was evidence that chemicals are correctly labelled and securely stored. Material safety datasheets are available and accessible for staff.</p> <p>Protective clothing and equipment that is appropriate to the recognised risks associated with waste or hazardous substance being handled is available. Staff were using protective clothing and equipment on audit days. Cleaners keep chemicals with them at all times when in use. 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>FA</p> | <p>West Otago Health Ltd Ribbonwood Country 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 February 2020. 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 a documented preventative and reactive maintenance programme. A monthly preventative maintenance schedule has been implemented and is audited monthly by the health and safety representative. Reactive maintenance issues have been addressed. Building compliance activities are completed and signed out.</p> <p>There is adequate equipment (including medical) available (but not limited to) two hoists, pressure relieving mattresses, oxygen and suction. Additional sensor mats have been purchased recently. A medical equipment functional test has been completed by Dental and Medical in November 2018.</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</p> | <p>FA</p> | <p>The Ribbonwood Country Home has 14 single occupancy resident rooms. Toilet and shower facilities are of an appropriate design to meet the needs of the residents. The resident rooms all have full ensembles. Communal toilet facilities have a system that indicates if it is engaged or vacant. There is a large communal bathroom centre that can accommodate a showering trolley. There is a mobility toilet near the communal lounge area.</p> |

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| privacy when attending to personal hygiene requirements or receiving 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 | All 14 resident rooms are single. There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms. Residents and families are encouraged to personalise their rooms. This is evident on audit. 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 Country 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>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry is situated 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>Product user charts, chemical safety data sheets for chemicals used in the facility, cleaning manuals and task sheets were reviewed. A housekeeper is employed Monday to Friday for two and a half hours a day. Residents and relatives interviewed confirmed the facility is kept clean and tidy. Residents and family interviewed, reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes. The cleaner's trolley is kept in designated locked areas when not in use</p> |
| Standard 1.4.7: Essential, Emergency, And Security Systems | FA | There are policies and procedures on emergency and security situations, including how services will be provided in health, civil defence or other emergencies. All staff receive emergency training on orientation. External providers conduct system checks on smoke alarms, sprinkler system and |

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| <p>Consumers receive an appropriate and timely response during emergency and security situations.</p> | | <p>extinguishers.</p> <p>Ribbonwood has a strong relationship with the local council emergency planning team and holds annual in-service education incorporating council plans. Civil defence supplies are readily available and include barbeques and gas bottles. Civil defence resources such as torches and a transistor radio are available in a locked cupboard near the entrance and are checked regularly. There is sufficient water in header tanks and in 10 litre containers and food stored to provide for at least three days in the event of an emergency. Emergency lighting is provided, as well as alternative heating. The service has a large generator on site which switches over automatically after 45 seconds without mains power. There is an approved fire evacuation scheme for the building. Six monthly fire drills have occurred. There is a first aider on duty at all times.</p> <p>The residents' rooms, communal bathrooms and living areas all have call bells. Not all residents are able to use call bells, so regular checks of residents also occur. Residents who can use the call bell had these within reach when randomly checked during the audit. Each bedroom has a call bell in the both the bedroom and the bathroom, and these link to staff pagers.</p> <p>Public access is limited to the main entrance. Staff carry outdoor 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>The infection control coordinator is the team leader who has been in the role since Ribbonwood Country Home opened. The infection control coordinator oversees infection control and is responsible for the collation of infection events. The infection control coordinator has a defined job description. Infection events are collated monthly and reported to all staff and management. The infection control programme has been reviewed annually and is linked to the quality system.</p> <p>Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility.</p> |

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| | | Residents are offered the influenza vaccine. |
| <p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p> | FA | <p>A registered nurse/team leader is the designated infection control (IC) nurse. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse has external support from the local laboratory infection control team and IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p> |
| <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 | <p>There are infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by an external contractor and have been reviewed and updated.</p> |
| <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 | <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control nurse has completed infection control training. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p> |
| <p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with</p> | FA | <p>Infection surveillance is an integral part of the infection control programme and is described in Ribbonwood's infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes</p> |

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| <p>agreed objectives, priorities, and methods that have been specified in the infection control programme.</p> | | <p>signs and symptoms of infection, treatment, follow-up, review and resolution. Surveillance of all infections is entered on to a monthly infection summary. This data is monitored and evaluated monthly and annually. Benchmarking against similar facilities is implemented through an online external system. Outcomes and actions are discussed at staff meetings. If there is an emergent issue, it is acted upon in a timely manner. There have been no outbreaks since the previous audit.</p> |
| <p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p> | <p>FA</p> | <p>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. A registered nurse is the restraint coordinator with a defined job description.</p> <p>On the day of the audit there were no enablers or restraint in use. Restraint and challenging behaviour education is included in the training programme.</p> |

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.

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding |
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| <p>Criterion 1.1.6.2</p> <p>The consumer and when appropriate and requested by the consumer the family/whānau of choice or other representatives, are consulted on their individual values and beliefs.</p> | CI | <p>Ribbonwood have changed the way in which deceased residents are farewelled. A project was developed to improve the after-death process showing greater respect for staff, residents and families of the resident who had become part of the Ribbonwood family. The experience has resulted in improvements for residents, families and staff.</p> | <p>In 2018 a resident expressed concern about not saying goodbye to a resident or being able to attend their funeral. After discussion with staff, an opportunity was identified to improve the grieving processes for residents in conjunction with their values, beliefs, cultural and religious expectations. A project was developed to improve the after-death process showing greater respect for staff, residents and families of the resident who had become part of the Ribbonwood family. When the resident was nearing end of life, residents that were close to the dying resident were able to sit with them and spend time with them (with permission of the dying resident's family).</p> <p>Once the resident had passed, and if the deceased family agreed, residents could stand with their doors open if they wished and acknowledge the resident as they left, like a 'Guard of Honour'. This gave them an opportunity to farewell their friend. Previously the service had traditionally closed all the doors and the deceased was discreetly taken from the facility. The service also consulted with residents about how they would like to remember the deceased. It was decided when someone died, a photo of</p> |

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| | | | <p>them would be placed on the grand piano along with a battery-operated tea light. The tea light and photo remained in place until the day of the funeral. The items of remembrance were removed at either morning or afternoon tea and residents and staff were invited to share memories with the group.</p> <p>Prior to receiving a new resident, Ribbonwood ensures that rooms had the windows left open, fresh flowers placed on the windowsill and one of our local Priests/Ministers had blessed the room. At the end of 2018 the service wrote the names of residents who had died during the year on Christmas baubles and created a remembrance/memorial Christmas tree. A special thank you event is also held at this time with family and volunteers. The event includes a special afternoon tea and carol singers where families of the residents that had passed are invited to attend so they can share the acknowledging of their loved one.</p> <p>The success of this project was evidenced by resident, family and staff feedback. Families stated they appreciated the other residents spending time with their dying family member leading up to the death. They felt that they were 'freed up' to leave the room, gather their thoughts and emotions, refuel and 'escape' without feeling guilty about leaving their dying family member alone. The residents that chose to sit with the dying resident had an opportunity to talk with them, share stories and accept the process. One current resident with chronic anxiety expressed that she felt more at peace with the prospect of her own death as she saw how much respect, care and attention was given. She was pleased she had been given the opportunity to see death as a beautiful process that could be embraced instead of feared. Staff had expressed their desire to continue with this process and they have continued to use all of the processes implemented.</p> |
| <p>Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results</p> | <p>CI</p> | <p>The achievement of the rating that the service analyses quality data is beyond the expected full attainment. The service has conducted a number of quality improvement projects where a review process has occurred, including analysis and reporting of findings has occurred. There is evidence of action taken based on findings that has made improvements</p> | <p>Ribbonwood has reviewed benchmarking statistics and commenced a project to ensure fall rates consistently stayed below the industry average. Residents identified as a high falls risk were invited to participate in a fall's prevention programme provided by a physiotherapist. The goal of the programme was to increase resident balance and therefore reduce risks of falls. The physiotherapist spent forty minutes with each of the identified residents and designed an individual programme for each and included a booklet for visual instruction and guidance. The physiotherapist followed up weekly initially, then monthly. The board was approached, asking for an</p> |

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| <p>communicated to service providers and, where appropriate, consumers.</p> | | <p>to service provision. The projects include reviewing if the improvements have had positive impacts on resident safety or resident satisfaction. Example: Ribbonwood has an ongoing goal to ensure the falls rate remains below the industry average. The service benchmarks against data from a contracted external compliance provider.</p> | <p>increase in activities hours to introduce an increase in group exercise and one-on-one exercise and balance activities. This was approved by the Board and hours increased from April 2019. This was further supplemented by a generous donation by a local family. In July 2019 the industry average for falls was 15.86 per 1000 bed days. Ribbonwood results demonstrated an average of 9.4 over the months of April and May 2019. These results demonstrated that Ribbonwood achieved an ongoing goal to remain below the industry average.</p> |
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End of the report.