

Thyme Care Limited - Ripponburn Home and Hospital

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Thyme Care Limited
Premises audited:	Ripponburn Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 24 October 2023 End date: 25 October 2023
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:	40

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ripponburn Home and Hospital is located in Cromwell and owned by a group of directors. The service is certified to provide care for up to 46 residents at hospital (medical and geriatric) and rest home level of care. On the day of the audit there were 40 residents in total.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand – Southern. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and the general practitioner.

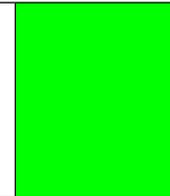
There were no significant changes to the environment and service since the last audit. There has been a change in the facility manager since the last audit. The facility manager is supported by an experienced clinical manager. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed the one of the two previous certification shortfalls relating to medication management. Improvements continue to be required around care planning documentation.

This surveillance audit identified areas for improvement are required around registered nurse availability.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

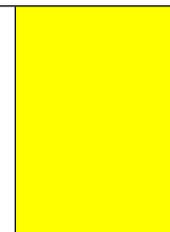


Subsections applicable to this service are fully attained.

There is a Māori health plan and a Pacific health plan documented. The service ensures that all residents and family/whanau are informed of their rights. There are documented policies that protect residents from all forms of abuse. Informed consent processes were discussed with residents and family/whanau on admission. Complaints processes are implemented in accordance with the guidelines set by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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



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

The strategic plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. A role specific orientation programme and regular staff education and training are in place. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit report relating to staff shortages should be read in the context of this national issue.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. There is input from a range of allied health professionals. Care planning is resident focussed.

There is a medication management policy to guide staff in the administration and management of medication. Staff who administer medications complete competencies. Medication charts were reviewed three-monthly by a general practitioner and meets legislative requirements.

There is a food control plan in place. Residents' nutritional profiles are communicated to the kitchen. The kitchen caters for residents' allergies, food preferences, and food consistencies. Cultural considerations are incorporated into the menu.

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

<p>Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Subsections applicable to this service are fully attained.</p>
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The building has a current warrant of fitness. There is a planned and reactive maintenance programme in place. Equipment is maintained for electrical compliance and clinical equipment is regularly calibrated.

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

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

Subsections applicable to this service are fully attained.

There is a documented infection control programme that includes pandemic plan and outbreak management plan. The infection control programme links to the quality programme. Staff receive regular education related to infection control.

There were three outbreaks recorded since the last audit. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. There is an infection control committee that meets bimonthly; monthly infection control data is presented and discussed at the combined health and safety and quality meetings. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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There were three residents using restraint. There is governance commitment to eliminate restraint. Restraint policies and procedures are in place. Education related to restraint and the management of distress behaviour occurs annually.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	1	1	0	0
Criteria	0	47	0	1	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and the provision of services based on the principles of mana motuhake. Residents are involved in providing input into their care planning, their activities, and their dietary needs. The service currently has residents who identify as Māori.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	The Ola Manuia: Pacific Health and Wellbeing. Action Plan 2020–2025 forms the basis of the Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships and embracing cultural and spiritual beliefs and providing high quality healthcare. There were no Pacific residents at the time of the audit.

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Seven residents (four hospital and three rest home) and four family/whānau (four hospital) reported that all staff respected their rights, that they were supported to know and understand their rights. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. Staff have completed training on the Code of Rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Ripponburn policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service. The code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the code of conduct (part of house rules) as part of the employment process. Professional boundaries are defined in job descriptions. Seven staff interviews (four caregivers, two registered nurses [RNs] and one kitchen manager) confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. The philosophy of care is to 'enable residents to live their best life in their golden years' and ensure wellbeing outcomes for all residents. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my</p>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Five electronic resident files were reviewed and written general consents sighted</p>

<p>wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by resident or EPOA for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Complaints can be handed to reception. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible and is available in te reo Māori, and English. A complaints register is being maintained. There have been five complaints made in 2022-2023 year to date. There were no complaints made through external agencies.</p> <p>Documentation reviewed including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. On interview, residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The facility manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation. Interpreters contact details are available.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Ripponburn Home and Hospital (Ripponburn) is owned by a group of directors. Ripponburn provides care for up to 46 rest home and hospital (geriatric and medical) level care residents. There are four dual purpose beds in the rest home (Pisa wing).</p> <p>At the time of the audit there were 40 residents: 14 at rest home level of care, including one resident on a long-term support chronic health conditions (LTS-CHC) contract and one on respite care; and 26 at hospital level of care, including two on Accident Compensation Corporation (ACC) funding and one resident on an LTS-CHC contract. All other residents were on the aged related residential care (ARRC) agreement. There were eight double rooms (two in the rest home [Pisa] and six in the hospital [Kawarau]); five were shared at the time of the audit.</p> <p>Ripponburn has a well-established organisational structure. The provision of care and support services is under the remit of the facility manager and clinical manager supported by a clinical governance committee. There is a Board of five directors that provides governance and strategic support and is firmly engaged in Ripponburn and the sister facility Golden View Lifestyle Village. There is an overall strategic plan that provides strategic direction which links to the vision, mission, and values. This is reviewed each year and was under review at the time of the audit.</p> <p>The facility manager (non-clinical) oversees the day-to-day operations of Ripponburn, and also acts as the general manager for Ripponburn and Golden View Lifestyle Village. The facility manager is responsible to ensure the goals are achieved and records progress towards the achievement of these goals. The facility manager provides monthly Board reports that include progress updates on various topics, including benchmarking, escalated complaints, human resource matters and occupancy. The strategic plan references the priorities set in the Māori health plan and Māori health equity policy to ensure they are accountable for delivering a high-quality service that is responsive, inclusive, and equitable by addressing barriers to culturally ensure safety.</p> <p>The facility manager has been in the role since May 2023. They are supported by a clinical manager (not available at the time of the audit) who has been in the position for more than 10 years. There is a quality consultant that provides advice (interviewed) and support to the clinical governance committee. The clinical governance committee meets monthly and provides a</p>
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		<p>monthly report to the Board. The Board members and staff, including managers, attended a cultural training workshop in February and August 2023 provided by a Māori educational and cultural advisor.</p> <p>The facility manager interviewed explained they received a handover from the previous manager. The clinical manager has maintained the required eight hours of professional development activities related to aged care and managing of clinical oversight of the aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Ripponburn continues to implement the quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. A review of the quality programme identifies any external/internal risks and opportunities, including potential inequities. Combined health and safety and quality meetings, RN/clinical and general staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address any service delivery improvements, with evidence of progress and sign off when achieved. Quality goals and outcomes are documented and evaluated.</p> <p>Quality data and trends in data are posted on a quality noticeboard. Corrective actions are discussed at combined health and safety /quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Internal audits have been completed as per the schedule. Areas of non-compliance are identified and are actioned for improvement. The resident and family/whānau satisfaction survey was completed in October 2022. From the results, a corrective action response was implemented around the quality of the meals.</p> <p>There are comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies were reviewed in June 2022 and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. There is a health and safety committee that meets bimonthly. Hazard identification forms are completed electronically, and an</p>

		<p>up-to-date hazard register were reviewed (sighted). The noticeboards in the staffroom keep staff informed on health and safety issues. Electronic reports are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Results are discussed in the health and safety/quality meetings and at handover.</p> <p>Discussions with the facility manager and quality consultant evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were Section 31 notifications made to HealthCERT in 2022 for RN shortages from March 2022 to 2023 YTD (41 notifications), one related to a police involvement, and three related to pressure injuries (May 2022; February 2023 and August 2023).</p> <p>There have been three Covid-19 outbreaks reported and that were notified to Public Health since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>The facility manager and clinical manager work full time Monday to Friday and are available on call after hours for any operational and clinical concerns, respectively. In the absence of the clinical manager, the staff can also phone the sister facility clinical manager for advice. The GP is available during the day and after hours are provided by a GP on call roster. In emergencies, staff have access to contact numbers for ambulance transfer to Dunstan Hospital. The rosters reviewed and 41 Section 31 notifications completed for 2022/2023 YTD evidence that there is not always a registered nurse available to cover all the shifts required. There is a well-documented strategy implemented to manage the risk related to RN unavailability. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>Ripponburn has a weekly roster in place which provides sufficient caregiver cover for the provision of care and service to residents. There are sufficient number of caregivers employed including casual staff to meet short notice absences, sick leave, and planned leave. There is a medication competent caregiver on each shift to support the RNs. There is at least one first aider on each shift. Caregivers interviewed explain the handover process and procedure to contact the on-call person when required. The facility manager</p>

		<p>interviewed explain the process to determine staffing levels and that the roster makes allowance for adding more staff when acuity of residents required to do so.</p> <p>There are dedicated housekeeping and laundry staff. Interviews with staff and residents confirmed there are sufficient staff to meet the needs of residents. Interviews with residents confirmed their clinical and cultural needs are met.</p> <p>There is an annual education and training schedule being implemented for 2023. The education and training schedule lists compulsory training, which includes cultural training. Cultural training was completed as part of a cultural workshop and include Te Tiriti o Waitangi, tikanga practices, Māori, equity, and institutional racism. External training opportunities for care staff include training through Te Whatu Ora – Southland and hospice.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Ripponburn supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 25 caregivers employed in total; 15 have achieved level four NZQA qualification and 4 have achieved level three. There are four enrolled to complete a higher level of education. All caregivers are required to complete annual competencies for restraint; moving and handling; personal protective equipment (PPE); and hand hygiene.</p> <p>All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). There are five RNs in the facility and three are interRAI trained. All RNs are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training (including Covid-19 preparedness).</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my</p>	<p>FA</p>	<p>Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There is an appraisal policy and appraisal schedule in place. All staff that had been in employment for more than 12 months had an annual appraisal completed. A register of practising certificates is maintained for all health</p>

<p>needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Five resident files were reviewed, two rest home (including one LTS-CHC; one on respite care) and three hospital level residents, including one on long term ACC funding. Registered nurses (RN) are responsible for conducting all assessments and developing the care plans.</p> <p>All residents have an admission assessment information collected and an interim plan completed at time of admission. InterRAI assessments and care plan documentation were all completed within the required contractual timeframes. Residents on the ARRC contract and the resident on the LTS-CHC contract have an interRAI assessment completed and other risk assessments completed at regular intervals and when there is a significant change. Cultural assessment include cultural considerations, spiritual wellbeing and beliefs and details are weaved through all sections of the care plan. Further assessments required including (but not limited to) activities of daily living; activities assessments; pain; mobility; continence; dietary; and challenging behaviour is assessed, and this was in place for all files reviewed where required. Other available information such as discharge summaries, medical and allied health notes, and consultation with family/whānau or significant others form the basis of the long-term care plans.</p> <p>Overall, the electronic resident care plans reviewed were resident focused, linked to assessments, addressed the resident need, and were integrated with other allied health services involved in resident care. However, not all care plans identified interventions required to manage those risks. The previous audit shortfall (HDSS:2008 # 1.3.5.2) related to care plan interventions has not been fully addressed and will therefore remain.</p> <p>There is evidence of resident and family/whānau involvement in the interRAI</p>

	<p>assessments and the review of the long-term care plans. Evaluations are completed at the time of the interRAI re-assessment and six-monthly multidisciplinary review. Evaluations reflect progression towards the individual goals.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. The GP routinely visits weekly and has regular contact with Te Whatu Ora - Southern specialist services when required. The GP is on call for advice after hours. The GP was complimentary of the service provided.</p> <p>The clinical manager is also available for after-hours calls and advice. Specialist referrals are initiated as needed. Resident files reviewed had allied health interventions documented and integrated into care plans. Specialist services at Te Whatu Ora - Southern include older persons mental health community team, podiatry, dietitian, and speech and language therapist. The service has contracted a physiotherapist that visits six to eight hours weekly. Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers. The RNs further adds to the progress notes if there are any incidents or changes in health status. Progress notes reflects a clear picture of the resident's care journey.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, an RN initiates a review with the GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed and monitoring occurred as required. Wound records were reviewed for five residents with current wounds, including one stage I pressure injury and two with stage II pressure injuries. There were fourteen current wounds documented in the wound register (skin tears, three pressure injuries, lesions, and lower leg ulcer). Input from a wound nurse specialist is evident for a lower leg ulcer. Pressure injury prevention strategies are implemented and include equipment needs and reposition charts.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and</p>
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		<p>equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required.</p> <p>Health monitoring interventions for individual residents are recorded in the care plans. Caregivers and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed within the required protocol frequencies for unwitnessed falls with or without head injuries. Short-term care strategies for acute issues such as infections were added and manage on a short-term care plan.</p> <p>There were residents who identify as Māori. A Māori health plan is developed within the long-term care plan and document the appropriate cultural considerations, supports and interventions required to maintain cultural safe care.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements and best practice guidelines. All staff who administer medications, complete annual competencies, and education. The service currently uses blister packs for regular medication and 'as required' medications. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. Any discrepancies are fed back to the supplying pharmacy. Medication errors are documented as part of the quality and risk management programme. Effectiveness of pro re nata medication is documented.</p> <p>Each resident's medications are appropriately and safely stored. The medication fridge and medication/treatment room are monitored daily, and the temperatures were within acceptable ranges. Medication room temperatures were within acceptable ranges. All eyedrops are dated on opening and discarded within required timeframes. The controlled drugs register reflects weekly checks. The previous audit shortfall (HDSS:2008 # 1.3.12.1) around medication management has been addressed.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status</p>

		identified. Consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. There are policies in place to guide staff to facilitate self-administration of medication. There was one resident who self-administers inhalers. There are no standing orders in use.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food control plan is in place and verified on 29 September 2023. Kitchen staff are trained in safe food handling. The kitchen manager interviewed described the process of communication between the kitchen and clinical team to ensure food preferences, food consistencies, dietary needs, allergies, and cultural preferences are catered for. The resident nutritional profiles are readily available in the kitchen.</p> <p>Residents interviewed reported they are satisfied with the meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. Transfer documents are printed in a format of a pack from the electronic system and include resuscitation status, EPOA or next of kin contact numbers, latest medication chart, progress notes and last GP notes.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter,</p>	FA	<p>The current building warrant of fitness expires 14 June 2024. There is a documented preventative maintenance plan that includes checking and calibration of medical equipment (in May 2023) and van safety. Monthly building compliance audits are completed and include monitoring of air</p>

<p>exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>temperatures and hot water temperatures. Temperatures documented are maintained within suitable ranges. Although the building is of older architecture; visual inspections of the facility evidence a well maintained, clean and safe indoor and outdoor environment for staff and residents.</p> <p>There have been no significant changes to the facility or services since the last audit. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices. There are family/whānau rooms within the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A registered nurse oversees the infection prevention control and (IPC) across the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management and action plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the clinical governance committee in consultation with infection control leads. Policies are available to staff. There is an infection control committee that meets bimonthly; data is presented and discussed at the combined health and safety and quality meetings. The infection control programme links to the quality programme. Benchmarking occurs.</p> <p>The infection control programme is reviewed as part of the annual quality and risk management programme and occurred in December 2022 by the clinical governance committee. The review is endorsed by the Board. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and internal message board. Staff completed IPC training in standard precautions, including hand hygiene and personal protective equipment competencies. The infection control lead has attended external training and utilises Bug Control as a knowledge base.</p>
<p>Subsection 5.4: Surveillance of health care-associated</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control</p>

<p>infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>programme is reviewed annually.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs in real time. This data is monitored and analysed for trends, monthly and annually. Any trends identified include further investigation. Any concerns are reported at the monthly clinical governance committee meeting. Staff are informed of infection surveillance data through meeting minutes, handovers, and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs monthly within the organisation. Monthly infections of concern are presented to the clinical governance committee and in return reported to the Board. Infections including outbreaks are reported, documented, and reviewed so improvements can be made to reduce HAI. There had been three Covid-19 outbreaks recorded (April - May 2022, December 2022, and April 2023). These were well documented and successfully managed.</p> <p>The service captures ethnicity data related to infections. Further discussions around trends occur at the clinical governance committee.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint register reviewed evidence three residents (hospital level of care) using restraint (three bedrails and one lap belt). Ripponburn is committed to providing services to residents without use of restraint and actively works towards minimising restraint use, as evidenced in meeting minutes and clinical discussions. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with Māori, residents and family/whānau to promote and ensure services are mana enhancing. The restraint coordinator is the clinical manager, who provides support and oversight for restraint management in the facility and is supported by the facility manager. The Board is committed to the elimination of restraint use and this is actively monitored by the clinical governance team. Restraint training and training related to the management of distressed</p>

		behaviours occurs annually.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There is a policy in place to determine staffing requirements. Six weeks of rosters were reviewed. The Section 31 reviewed RN unavailability between four and eight shifts per week for the period from March 2022 to September 2023. The number of shifts of RN unavailability decreased from eight to four since the beginning of August 2023. The recruitment and risk mitigation strategies continue to be implemented with IQNs awaiting registration. It is foreseeable that the contractual obligations related to RN roster coverage will be fulfilled in the near future.</p> <p>This finding will be viewed within the context of national workforce issues.</p>	<p>There are not always an RN available to cover the roster to meet the contractual obligations required by the ARRC D17.4. a.i.</p>	<p>Ensure sufficient number of RNs are employed for full roster coverage to meet the contractual requirements ARRC D17.4.a.i</p> <p>90 days</p>

<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on</p>	<p>PA Moderate</p>	<p>There is a care plan policy with an objective to ensure all care plans are written in a manner that clearly directs staff in the current and unique health and care needs of each resident. Five files were reviewed and included two rest home and three hospital level residents. Care planning occurred within the required contractual timeframes. It is evident from progress notes entries and interviews that the residents receive the care and interventions they require to maintain their wellbeing. This finding relates to a documentation issue; however, due to the same previous finding at the certification audit, the risk has now increased to a moderate risk level.</p> <p>Assessment tools are used to identify key risks. Care plans are developed by a registered nurse with the involvement of family/whānau. Cultural values and needs are considered. The care plan identifies wider service integration as required.</p>	<p>Two of two rest home residents' files reviewed did not document the level of interventions required to manage all their medical risks and all support required to address assessed needs. The shortfalls identified were as follows: (a) the skin management plan and mobility plan did not reflect the current needs of one resident; and (b) a smoking management plan to ensure safety measures for one resident that is a smoker.</p>	<p>Ensure medical risks /interventions describe in detail all support required to address assessed needs.</p> <p>30 days</p>
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prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.