

West Otago Health Limited - Ribbonwood Country Home

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:	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 January 2025	End date: 16 January 2025
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:	16	

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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Ribbonwood Country Home is owned by a community trust (West Otago Health Trust), set up by volunteers living within West Otago to help the community by meeting their healthcare needs. All services available are provided from, or based at, a combined purpose-built rural community health centre and home for the aged situated in Tapanui, West Otago. The service is operated by West Otago Health and governed by a Board of directors. Ribbonwood Country Home is certified to provide hospital and rest home level of care for up to 19 residents. There were 16 residents at the time of the audit.

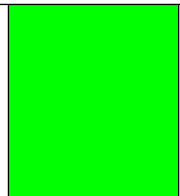
The unannounced surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard and contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with family/whānau, management, staff, and the general practitioner.

The clinical nurse manager is appropriately qualified and experienced and is supported by a general manager (registered nurse). There are quality systems and processes being implemented. An induction and orientation programme are in place to provide new staff with appropriate knowledge and skills to deliver care. An ongoing in-service education programme is in place. Feedback from residents and families/whānau was very positive about the care and the services provided.

The service has addressed four of four previous shortfalls around staffing; resuscitation reviews; neurological observations and short-term care plans. Additional shortfalls related to the partial provisional audit around landscaping; issuing a certificate of public use; finishing of external areas and completion of a fire evacuation plan have also been addressed.

This surveillance audit identified shortfalls around aspects of medication management.


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 fully attained.
---	---	--

Ribbonwood Country Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan in place. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Ribbonwood Country Home provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.		Subsections applicable to this service fully attained.
---	---	--

The strategic plan informs the annual business plan and annual quality plan. The service has effective quality and risk management systems in place that takes a risk-based approach, and include internal audits, the collection/collation of data and corrective actions where indicated. Quality and risk performance is reported in Board and staff meetings. The service complies with statutory and regulatory reporting obligations.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated and reported to the general manager and a consolidated report and analysis provided to the Board each month.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

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 partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioners.

Food is prepared on site by experienced kitchen staff. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals are coordinated with residents and family/whānau.

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

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

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and 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 fully attained.
---	--	--

A suite of infection prevention and control policies and procedures are documented and reviewed.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings, and education sessions. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There was a Covid-19 outbreak in November 2024, the only outbreak since the previous audit. This was well managed and documented.

Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required.

Here taratahi | Restraint and seclusion

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

There is governance commitment to maintain a restraint free environment. The restraint coordinator is the clinical nurse manager (registered nurse). The facility is restraint free. Maintaining a restraint-free environment is included as part of the education and training plan.

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	18	0	0	1	0	0
Criteria	0	51	0	0	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	<p>A Māori health plan is documented for the service that acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Ribbonwood Country Home is committed to respecting the self-determination, cultural values, and beliefs of Māori residents (if any) and family/whānau and evidence is documented in the resident care plan. Comprehensive cultural assessments are completed for all residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. 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	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan that is in place and being implemented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit. The clinical nurse manager confirmed that the residents' family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service, and recognition of cultural needs. The service has a relationship with Pacific services through Health New Zealand, who are</p>

		available for consultation where required.
<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>Details relating to Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The general manager, clinical nurse manager or registered nurse discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Four residents (three hospital and one rest home) and three family/whānau (hospital) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Two managers (general manager and clinical nurse manager) and seven staff (three caregivers, three registered nurses and one kitchen manager) explained how Ribbonwood Country Home provides a person-centred approach to the delivery of their services.</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>An abuse and neglect policy is being implemented. Ribbonwood Country Home's policies document guidelines on prevention of any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Ribbonwood Country Home is inclusive of ethnicities, and cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying.</p> <p>Staff complete education on the code of rights and abuse and neglect at orientation and annually as per the training plan (September 2024). Staff interviewed could describe how to identify abuse, neglect and discrimination. The residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the nurses and</p>

		caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Five resident files reviewed included signed general informed consent forms. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. All residents had a resuscitation status form that had been reviewed annually. The previous partial attainment related to criteria #1.7.1 has been addressed. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. Staff received training from an Aged Concern advocate in April 2024 that relates to the understanding of informed consent.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter was on file.</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>	FA	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The general manager is the complaints manager and maintains a record of all complaints, both verbal and written, by using a complaint register.</p> <p>One complaint has been received (November 2024) since the last audit. The complaint is closed and resolved to the satisfaction of the complainant. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Where improvements were required, these were documented as identified in the documented complaint. Staff are informed of complaints (and any subsequent corrective actions) in the three monthly full staff meetings (minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they are provided</p>

		<p>with information on complaints and complaint forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three monthly and create a platform where concerns can be raised. During interviews with family/whānau, they confirmed the managers are available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The general manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication. Staff completed training in relation to advocacy, open disclosure, complaints management, and residents' rights in September 2024. The Health and Disability advocate visits residents annually (December 2024) and provides education for staff.</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>Ribbonwood Country Home is located in Tapanui, West Otago and certified to provide hospital (geriatric and medical) and rest home level of care for up to 19 residents. There were 16 residents in the facility at the time of the audit: five rest home level of care including one on respite care and 11 hospital level care residents. All other residents were under the aged related resident care (ARRC) contract. All beds are certified as dual purpose beds.</p> <p>West Otago Health is a community owned trust (West Otago Health Trust), set up by volunteers living within West Otago to help the community by meeting their healthcare needs. All services available are provided from, or based at, a combined purpose-built rural community health centre and home for the aged (Ribbonwood Country Home). A member of the board was interviewed. West Otago Health Limited is governed by a Board of five directors. The Trust recruits for the Board of Directors when a vacancy becomes available as per their skill shortage criteria and checklist. The Board has an independent orientation process. The GM liaises with the Board chairman weekly and reports directly to the Board of Directors at a minimum of two-monthly and as required.</p> <p>An experienced general manager (registered nurse) has been in their role for over seven years and is responsible for the overall leadership of the Ribbonwood Country Home. The general manager was previously the clinical</p>

		<p>manager for two years and provides support and back up for the clinical nurse manager. The clinical nurse manager for Ribbonwood Country Home is a registered nurse and has been in the role for a year and has been a registered nurse at Ribbonwood Country Home for three years. The general manager holds overall responsibility for clinical governance. The clinical governance policy provides the framework for Ribbonwood Country Home. The clinical nurse manager is responsible for the implementation of the quality and risk management programme and day to day oversight of Ribbonwood Country Home.</p> <p>An external consultant provides oversight of policies and procedures to ensure they reflect current best practice and align with Ngā Paerewa Standard.</p> <p>The strategic plan April 2023- March 2025 has clearly identified their mission, services, and values. The identified business goals for the aged care facility sits within the strategic plan. The goals for the period ending March 2024 were reviewed. The clinical nurse manager prepares a two monthly quality report for the general manager. The quality report is included in the general managers' report to the Board.</p> <p>The strategic plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The general manager has an established relationship with local Māori organisations and provides the Board with advice on activities that support equality for Māori. Interview with the general manager confirmed the Board is committed to supporting the Ministry of Health's Māori health strategies.</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</p>	<p>FA</p>	<p>Ribbonwood Country Home has an established quality and risk management programme. The clinical nurse manager is responsible for the completion of internal audits and the implementation of the subsequent corrective actions.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (including falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed, and benchmarked against industry standards/other aged care organisations. Meeting minutes reviewed evidence quality data is shared in the quality and general staff meetings.</p>

<p>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>Internal audits are completed as scheduled. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved.</p> <p>Combined quality and management, registered nurse and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies and antimicrobial stewardship; complaints; compliments; staffing; and education. Meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions having been implemented and signed off.</p> <p>Resident and family/whānau satisfaction surveys are completed annually. The 2023 and 2024 survey results reflect high levels of resident and family/whānau satisfaction related to the environment, care delivery, call bell response times, activities, housekeeping and general maintenance. There were no corrective actions required in relation to the responses received.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed.</p> <p>A health and safety system is being implemented, with the service having a health and safety representative. Hazard identification forms and an up-to-date hazard and risk register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. Fourteen accident/incident forms reviewed for October to December 2024 (unwitnessed falls, skin tears, behaviour, and a medication error) indicated that the electronic forms are completed in full and are signed off by the clinical nurse manager. Incident and accident data is collated monthly and analysed by the clinical nurse manager. Any events of concern is discussed, risks are identified, and improvements are made. Results are discussed in the quality/management meeting, registered nurse and general staff meetings.</p> <p>Discussions with the general manager and clinical nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Two events occurred since the last audit that required a Section 31 notification (one for a resident at risk and one for an intruder). There has been one Covid-19 outbreak in November 2024 has been appropriately notified and managed.</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>FA</p>	<p>There is a staffing policy that describes rostering requirements, determines staffing levels and skill mixes to provide culturally safe care, 24 hours a day, seven days a week. The roster provides appropriate coverage for the effective delivery of care and support. The facility adjusts staffing levels to meet the changing needs of residents. There is a first aid trained staff member on duty 24/7. There is a registered nurse rostered on every shift which meets contractual requirements. Staff levels have been maintained for 12 months. The previous partial attainment related to criteria # 2.3.1 has been addressed.</p> <p>The clinical nurse manager works full time from Monday to Friday with flexibility to assist on the floor if required. A senior registered nurse (previous clinical nurse manager) provides cover in the absence of the clinical nurse manager. There is an after-hours on-call roster for Ribbonwood Country Home provided by the clinical nurse manager and/or the general manager depending on the nature of the event. After hours medical support is available from 5.00 pm till 10:30pm weekdays and 8.30 am till 10.30pm weekends and public holidays by a prime nurse (nurse from the primary care practice) or GP. Outside of those hours medical support is available from St Johns ambulance services. The general practitioner also provides after-hours support for residents on palliative care.</p> <p>There are a sufficient number of caregivers employed to cover all the shifts. Short notice absences are backfilled with Ribbonwood Country Home casual staff. Caregivers interviewed stated the workload is manageable and reported that during the outbreak they were supported with a flexible roster. Residents interviewed confirmed their care requirements are attended to in a timely manner. Regular quality reports, quality meetings and residents` meeting minutes evidence staff, residents and family/whānau are kept informed of any staff changes.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (face to face and online), which includes cultural awareness training. Staff have completed cultural awareness training in November 2024, which included the provision of safe cultural care, Māori world view and the Treaty of Waitangi. External training opportunities for care staff include training through Health New Zealand, hospice, Age Concern, Smith and Nephew, and health improvement</p>

		<p>practitioners from WellSouth.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are seven permanent and seven casual caregivers employed. Nine caregivers have achieved a level three NZQA qualification or higher. The orientation programme ensure core competencies and compulsory knowledge/topics are addressed.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint; handwashing; medication management/administration; cultural competency; correct use of personal protective equipment; hand hygiene; and moving and handling. A record of completion is maintained. Additional registered nurse specific competencies include syringe driver and interRAI assessment competency.</p> <p>The clinical nurse manager and four registered nurses are interRAI trained. The part-time registered nurse is working towards their interRAI competency. All registered nurses are encouraged to also attend external training, webinars, and zoom training where available.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, reference checks, police checks and completed orientation.</p> <p>The orientation programme is roles specific to ensure staff are equipped to provide clinical and cultural safe care. Ribbonwood Country Home have caregivers that have been employed since the home opened in February 2016 and most have been employed for over five years.</p> <p>A register of practising certificates is maintained for all health professionals (including RNs, GPs, pharmacy, physiotherapist, and dietitian). The appraisal policy is implemented, and all staff who have been employed for over one year, have an annual appraisal completed.</p>
Subsection 3.2: My pathway to wellbeing	FA	Five resident files were reviewed including one rest home resident on a

<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>respite contract and four hospital level care residents. The clinical nurse manager and registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. All residents had an interRAI assessment completed.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care.</p> <p>The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. The previous partial attainment related to criteria #3.2.2 has been addressed. Resident care is evaluated on each shift and reported at handover and in the electronic progress notes. If any change is noted, it is reported to the clinical nurse manager and/or RN. Long term care plans described all care needs and were updated following changes in needs. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe and when their health status changes. The GP</p>
---	--

		<p>from the medical centre is the 'house GP' who visits as required and runs the GP clinic attached to the facility. There is a GP or a prime nurse who covers on call after hours; the GP is always available as required for residents who are on palliative care. The GP was interviewed and stated that there was good communication with the service and that they were informed of concerns in a timely manner. Allied health interventions were documented as needed and integrated into care plans. A physiotherapist visits on referral and is on site every Tuesday and every second Thursday to review residents referred by the RN. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, dietitian, wound care nurse specialist, and medical specialists are available as required through Health New Zealand.</p> <p>The caregivers confirmed adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit, there were three active wounds including one abrasion and two others.</p> <p>The progress notes are recorded and maintained in the integrated electronic records. Monthly observations, such as weight and blood pressure, were completed and are up to date. Neurological observations are recorded as per policy following un-witnessed falls. The previous partial attainment related to criteria 3.2.3 has been addressed. A range of electronic monitoring charts are available for the care staff to utilise. These include (but are not limited to) behaviour monitoring, monthly blood pressure and weight monitoring, bowel records and toileting regimen. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a comprehensive handover at the beginning of their shift as sighted on the days of audit.</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>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency</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>		<p>process. The clinical nurse manager and registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RN's and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and short courses, and bottles for 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily; however, documented room temperatures have often exceeded 25 degrees over the last three months. A corrective action plan was implemented on the day of audit. All stored medications are checked weekly. Eyedrops in current use were not dated on opening.</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 drug chart has photo identification and allergy status identified. Indications for use were noted for 'as required' medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of 'as required' medications was consistently documented in the electronic medication management system and progress notes. There were two residents self-administering medications, who had been appropriately assessed, and had safe storage within their rooms s guided by the relevant policies. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence, expiring 19 June 2025. A registered dietitian reviewed the four-week seasonal menu.</p>

<p>beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The kitchen manager is knowledgeable about Māori and Pacific meal options and can provide these as required. Food preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen manager interviewed reported they accommodate residents' requests.</p> <p>The residents and family/whānau interviewed were complimentary regarding the standard of food 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 are documented policies and procedures to ensure discharging or transferring of residents are managed safely. Transfer documentation reviewed include current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and</p>	FA	<p>The buildings, plant and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The current building warrant of fitness was issued on the day of audit and expires 16 January 2026. The previous partial attainment related to the partial provisional audit related to a certificate of public use has been addressed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. The maintenance schedule is</p>

<p>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>implemented as required. External areas including pathways and ramps around the new wing have been completed. The previous partial attainment identified as part of the partial provisional audit related to criteria # 4.1.1 has been addressed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan in place was approved by the New Zealand Fire Service on 19 September 2024. The previous partial attainment related to criteria # 4.2.1 has been addressed.</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.</p> <p>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.</p> <p>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>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and is linked to the quality and business plan. The online infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by an external consultant, in consultation with the infection control coordinator (clinical nurse manager). Policies are available to staff.</p> <p>Ribbonwood Country Home has an outbreak and pandemic response plan (incorporating Covid-19), which includes preparation and planning for the management of visitors, screening, transfers into the facility and positive tests. Staff demonstrated knowledge on the requirements of standard precautions.</p> <p>The infection control coordinator oversees infection control and the antimicrobial stewardship programme and is responsible for coordinating/providing education and training to staff. The job description outlines the responsibility of the role. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held</p>

		for all staff. Staff have completed infection control related education in the last 12 months. The infection control coordinator has access to an online training system with resources, guidelines, and best practice. There is good external support from the general practitioner, laboratory, and Health New Zealand infection control nurse specialist.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>infection control coordinators use the information obtained through surveillance to determine infection control activities, resources, and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions, signs, symptoms, and reporting criteria. Infection control data is entered into the infection register on the electronic risk management system and includes ethnicity data. The data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. There is benchmarking of infection rates that occurs six-monthly. Trends, benchmarking, along with actions and outcomes, are discussed at the quality, health and safety, staff and registered nurses' meetings. Meeting minutes and graphs are available for staff to review and is included in the report that is presented to the Board.</p> <p>There was one Covid-19 outbreak in November 2024, the only outbreak since the previous audit. The outbreak was well managed with appropriate resident care implemented, documentation completed as per required policies, and working alongside the Health New Zealand infection control specialist.</p> <p>There is sufficient personal protective equipment and appropriate communication channels to inform residents, family/whānau and staff of outbreaks.</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</p>	FA	<p>The governance body receives restraint data two monthly and is committed to support management to maintain a restraint free facility. There were no residents using restraint at Ribbonwood Country Home. 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. The restraint coordinator interviewed described the focus on maintaining a restraint free environment. When restraint is considered, the</p>

<p>restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraint coordinator works in partnership with the resident and family/whānau to promote and ensure services are mana enhancing.</p> <p>Maintaining a restraint free environment is included as part of the mandatory training plan and orientation programme. Staff have received training in behaviour management.</p>
---	--	--

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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>The fridge and medication room temperatures are monitored daily; however, room temperatures recordings have been over 25 degrees on multiple occasions over the previous three months. A corrective action plan was documented on the day of the audit with all medications requiring storage under 25 degrees were returned to pharmacy and replaced. A portable cooling fan was purchased and a plumber removed a wall heater which may have contributed to the high temperatures.</p> <p>Eye drops in current use were not dated when opened.</p>	<p>(i). The temperature of the medication room has been documented between 25 and 28.7 degrees on multiple occasions over the last three months. Fourteen recordings were above 25 degrees in December.</p> <p>(ii). Three eyedrops in current use did not evidence opening dates.</p>	<p>(i). Ensure the temperature of the medication room is maintained at less than 25 degrees.</p> <p>(ii). Ensure eyedrops are dated on opening and discarded within recommended timeframes.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.