

# Radius Residential Care Limited - Radius Baycare Home & Hospital

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## Introduction

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

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

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

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

The specifics of this audit included:

<b>Legal entity:</b>	Radius Residential Care Limited
<b>Premises audited:</b>	Radius Baycare Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 8 July 2015      End date: 8 July 2015
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	43

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

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

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

### Key to the indicators

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

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

## General overview of the audit

Radius Baycare is part of the Radius Residential Care Group. Baycare cares for up to 46 residents requiring hospital and rest home level care. On the day of the audit there were 43 residents.

The facility manager is a registered nurse and has many years of aged care experience. She has been at the service for three years and is supported by the Radius regional manager and a team of registered nurses. Residents and family interviewed spoke positively about the service provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the District Health Board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

Two of three previous shortfalls have been addressed from the previous audit. These were around storage and labelling of chemicals and privacy of information. Improvement continues to be required around interventions.

This audit has identified improvements required around documenting reference checks and annual performance appraisals.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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There is an open disclosure and interpreters policy that staff understand. There is a complaints policy supporting practice and an up to date register. Staff interviews confirmed an understanding of the complaints process.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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There are organisational wide processes to monitor performance. There is a quality system that is being implemented in line with the quality plan. Staff and quality/health and safety meetings are used to monitor quality activities such as audits, complaints, health and safety, infection control and restraint. There is an adverse event reporting system implemented and monthly data collection monitors predetermined indicators. There are implemented human resource processes including documented rationale for staffing the service. An annual education programme is implemented and records of attendance are maintained. Staffing rosters were sighted and staff on duty match needs of different shifts. No information of a private nature was visible to residents or visitors.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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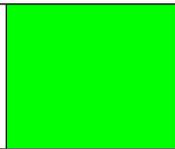
Registered nurses are responsible for care plan development with input from residents and family. Residents receive appropriate care to meet their assessed needs. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. The activities programme is comprehensive and meets the individualised needs of residents. Medications are managed and administered in line with legislation and current regulations. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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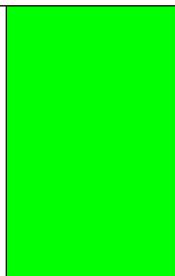
Chemicals are labelled with manufacturer's labels and stored safely. There is a current building warrant of fitness.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There is a documented definition of restraint and enablers that aligns with the definition in the standards. There are nine residents requiring restraint and one resident with an identified enabler. Enabler use is voluntary.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Baycare has an infection control programme that complies with current best practice. Infection control surveillance is established that is appropriate to the size and type of services. There is a defined surveillance programme with monthly reporting by the infection control coordinator.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained Standards applicable to this service 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)
<b>Standards</b>	0	16	0	2	0	0	0
<b>Criteria</b>	0	39	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Residents and relatives interviewed were familiar with the complaints procedure and stated that all concerns/complaints are addressed.</p> <p>The complaints log/register includes date of incident, complainant, summary of complaint and sign off as complete. There have been three complaints in 2015 to date. Corrective action plans had been implemented following complaints requiring these. All had documentation of full investigation and resolution including communication with complainants documented for all complaints.</p> <p>A complaints procedure is provided to residents within the information pack at entry.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is an open disclosure policy. There are bi monthly resident/relative meetings allowing residents/relatives to raise issues. Relatives (one from the rest home and one from the hospital) and residents (two from the hospital and three from the rest home) interviewed stated they were welcomed on entry and were given time and explanation about services and procedures.</p> <p>Ten incident reports reviewed (May 2015) all recorded family notification either on the form or in the progress notes. The relatives interviewed confirmed they are</p>

		<p>notified of any changes in their family member's health status. The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement. The facility has an interpreter policy to guide staff in accessing interpreter services</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Radius Baycare is part of the Radius Residential Care Group. The service provides care for up to 46 residents requiring hospital and rest home level care. On the day of the audit there were 22 residents receiving rest home level care and 21 receiving hospital level care including one on a younger person with disabilities contract.</p> <p>The facility manager is a registered nurse and has been in the role for three years. She is supported by the Radius regional manager and registered nurses. The organisation provides annual conferences for their managers and annual regional conferences. The manager has completed more than eight hours of training annually relating to the management of a hospital. The manager reports monthly to the regional manager on a range of operational matters in relation to Baycare including strategic and operational issues, incidents and accidents, complaints, health and safety.</p> <p>There is a 2015 business plan with specific goals for Baycare and achievement toward 2014 goals has been documented.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The quality system continues to be implemented at Baycare. Interviews with three healthcare assistants (HCA's), one enrolled nurse and one registered nurse confirmed that quality data is discussed at monthly staff meetings. All quality data and indicators are discussed at these meetings as confirmed in meeting minutes. Minutes of these meetings are made available to all staff.</p> <p>There are policies and procedures appropriate for service delivery including falls management and wound management. Policy manuals are reviewed two yearly. New/updated policies are sent from head office.</p> <p>Monthly reports by the facility manager to the regional manager are provided on service indicators. Radius benchmarks its own facilities against predetermined indicators that are reported monthly from facilities. The service collects internal monitoring data (internal audits) with the audit schedule being implemented at Baycare by the facility manager. Quality improvement data such as</p>

		<p>incidents/accidents, hazards, internal audit, infections are collected and analysed/evaluated at the staff meeting. Corrective action plans were developed for all audits where there has been less than 95% conformity.</p> <p>D19.3 There is implemented risk management, and health and safety policies and procedures in place including accident and hazard management.</p> <p>D19.2g: Falls prevention strategies are implemented such as aggregating data monthly that includes considering time and place of occurrence and completing a falls assessment following all falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accident/incident reporting and open disclosure policy/procedure. Month by month data collection takes place including (but not limited to): falls (no injury, soft tissue, and fractures), skin tears, and medication and pressure areas. Monthly aggregation of data is undertaken (monthly summary's sighted) and outcomes are discussed at staff meetings.</p> <p>Ten incident forms sampled evidence investigations following incidents. Incident forms sampled where there has been a head injury have been followed up with neurological observations as documented in the progress notes for one resident.</p> <p>The healthcare assistants and the registered staff interviewed could describe the process for management and reporting of incidents and accidents.</p> <p>Discussions with the facility manager confirmed an awareness of the requirement to notify relevant authorities (DHB) in relation to essential notifications. The DHB portfolio manager is notified of all significant incidents.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>Recruitment, selection and appointment of staff policy is in place and implemented in four of five staff files sampled. Five staff files were reviewed and four of five performance appraisal are up to date. Current practicing certificates are kept on file.</p> <p>Baycare has an orientation programme that is specific to worker type and includes manual handling, health and safety in service and competency testing. In all five staff files reviewed there was a record that an orientation had been completed.</p> <p>The service has an internal training programme directed by head office. The training programme has exceeded eight hours in 2014 and is being implemented for 2015.</p>

		Registered nurse (RN) competencies include: hand washing, manual handling, restraint, medication and syringe driver. A tracking process is in place to monitor requirements.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The acuity and clinical staffing ratio policy in place includes a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty match the needs of different shifts.</p> <p>The healthcare assistants, enrolled nurse and registered nurses interviewed stated that there is adequate staffing to manage their workload on any shift. There is a registered nurse or enrolled nurse on duty 24 hours per day in addition to the manager and Monday to Friday. When the enrolled nurse is on duty there is always another registered nurse (usually the manager) at the facility.</p> <p>Residents and relatives interviewed confirmed that there are sufficient staff on site.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The previous audit identified that clip boards and monitoring forms with resident information and a white board with resident information are visible to anyone passing in the hallway, and that resident files were not stored securely. During this audit there was no information of a private nature visible to visitors or residents and the new nurses' station has a locked cupboard for files. This was locked when checked during the audit. The service has addressed this previous finding.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Medications are checked against the doctor's medication profile on arrival from the pharmacy by an RN. Any mistakes by the pharmacy are regarded as an incident.</p> <p>Designated staff are listed on the medication competency register which shows signatures/initials to identify the administering staff member. One registered nurse and one healthcare assistant were observed safely and correctly administering medications.</p> <p>Ten resident medication charts sampled were identified with demographic details and photographs. The medication fridges had weekly temperature checks conducted. All 10 medication charts had allergies (or nil known), documented.</p> <p>Medications are managed appropriately in line with required guidelines and</p>

		<p>legislation. All medications sighted were stored appropriately.</p> <p>There are two rest home residents who self-administer medication. A competency assessment has been completed for each resident.</p> <p>Ten of ten medication charts reviewed identified that the GP had seen and reviewed the resident chart three monthly. All ten medication charts indicate medication is being administered as prescribed. Ten of ten medication charts document the indication for use for as required medication. All eye drops were dated on opening.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The service has a large workable kitchen. The kitchen and the equipment are well maintained. The service employs sufficient kitchen staff to provide meal services over seven days a week. There is a rotating four weekly menu in place that is designed by a dietitian. Diets are modified as required. There is a choice of foods and the kitchen can cater to specific requests if needed.</p> <p>Food safety information and a kitchen manual is available in the kitchen. Food served on the day of audit was hot and well presented.</p> <p>The residents interviewed spoke positively about meals provided and they all stated that they are asked by staff about their food preferences.</p> <p>The service has a process of regular checking of food in both the fridge and freezers to ensure it is disposed of when use by date expires. All food is stored and handled safely. Food temperatures are recorded. The kitchen is clean.</p> <p>Kitchen staff have been trained in safe food handling.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	PA Low	<p>Wound care plans, infection control plans, diabetes specific plans, fluid balance management plans and pain management plans were evident in files sampled. The use of short term care plans were evident in files sampled. In three of five files sampled the residents were receiving care that meets all their needs. In two of five files sampled, the weight was recorded and indicated weight loss which has not been addressed. The GP interviewed stated the facility applied changes of care advice immediately and was complementary about the quality of service delivery provided. Residents' needs are assessed prior to admission and resident's primary care is provided by the facility GPs unless the resident chooses another GP.</p>

		<p>Dressing supplies are available and a treatment room is stocked for use.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management.</p> <p>Specialist continence advice is available as needed.</p> <p>Wound assessment and wound management plans are in place for six residents with wounds. There is evidence in files of the wound specialist referrals. Wound care is completed within timeframes in six wounds reviewed.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The recreational coordinator has worked at the service for two years. All recreation/activities assessments and reviews were up to date in files sampled. On the day of audit, residents were observed being actively involved with a variety of activities in the activities room and throughout the facility. Residents files sampled had a comprehensive assessment completed over the first few weeks after admission including a complete history of past and present interests, career and family.</p> <p>Activities are age appropriate and have been comprehensively planned. Activities provided are meaningful and reflect ordinary patterns of life.</p> <p>All residents and family members interviewed stated that activities are appropriate and varied and spoke positively about the programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Five of five initial care plans in files sampled were evaluated by a RN within three weeks of admission and care plans were evaluated at least six monthly or if there had been a change in health status. There was a three monthly review by the GP in files sampled. Changes in health status were documented and followed up. GP's reviewed residents medication at least monthly or three monthly (depending on the stability of the resident) or when requested if issues arise or health status changes.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are</p>	FA	<p>The previous audit identified that chemicals were not stored safely and there were unlabelled chemical bottles. All chemicals sighted during this audit were securely locked in cupboards or the sluice room and all chemicals sighted were labelled. The</p>

protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.		service has addressed this previous finding.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building has a current building warrant of fitness.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	The surveillance of infection data assists in evaluating compliance with infection control practices. Infections are collated monthly - including urinary tract, upper respiratory and skin. This data is reported to the staff meetings. Monthly data was seen in staff areas. The service submits data monthly to Radius head office where benchmarking is completed.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The service philosophy around restraint is that it is used as an intervention that requires a rationale and is regarded as a last intervention when all other interventions or calming/defusing strategies have not worked.  There is a regional restraint group at the organisational level and a staff meeting at the facility where restraint is reviewed.  There is one resident with an enabler and nine with restraints. Enabler use is voluntary.

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	Five of five staff files sampled contained an employment contract, a signed position description, a police check and interview information. Four of five had a current performance appraisal and four of five had documented reference checks.	One of five staff files sampled did not contain a documented reference check and a further one of five did not contain a current annual performance appraisal.	<p>Ensure reference checks are completed and documented for all new staff and that annual performance appraisals are completed for all staff.</p> <p>90 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	In three out of five files sampled, the weights were recorded monthly.	(i) In one file, the weights were recorded monthly but the weight loss was not identified and there were no interventions documented and implemented. (ii) In one file, the weights were not documented monthly and the weight loss was not identified. There were no interventions implemented and documented relating to weight loss in either a short term care plan or in the long term care plan.	Ensure that the weights are recorded monthly and that any weight loss is identified and appropriate interventions are documented and implemented.

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

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

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display
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End of the report.