

# Radius Residential Care Limited - Radius Heatherlea Care Centre

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Radius Residential Care Limited

**Premises audited:** Radius Heatherlea Care Centre

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 11 July 2016 End date: 12 July 2016

**Proposed changes to current services (if any):** This audit has assessed the facility and service as able to provide hospital (geriatric and medical) level care for up to 19 residents in current rest home level beds. Additionally the service has been assessed as suitable to use one extra bed in the dementia unit (already in use) on a short-term basis.

**Total beds occupied across all premises included in the audit on the first day of the audit: 49**



# 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

Heatherlea Rest Home is owned and operated by Radius Residential Care Limited and currently cares for up to 55 residents requiring rest home or dementia level care. On the day of the audit, there were 49 residents. The manager is well qualified and experienced for the role and supported by a clinical nurse leader and the regional manager.

This certification audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff and management.

A partial provisional audit was also completed to assess the suitability of the service to provide hospital level care in 19 previously rest home only rooms. These rooms have been assessed as suitable to provide hospital (medical and geriatric) level care (dual-purpose). Additionally, one bed (already in use with approval) in the dementia unit was assessed as suitable for use on a short-term basis. This increases the number of beds in the dementia unit to 21.

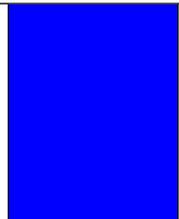
Residents, relatives and the GP interviewed spoke positively about the service provided.

The certification audit has identified areas for improvement around timeliness of general practitioner (GP) assessments on admission.

The partial provisional audit has identified that prior to the admission of hospital level residents, the service is required to provide appropriate staff training, purchase suitable equipment, and employ appropriate staff.

The service has exceeded the required standard around communication.

## Consumer rights

<p>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.</p>		<p>All standards applicable to this service fully attained with some standards exceeded.</p>
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Policies and procedures adhere with the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). Residents and families are informed regarding the Code and staff receive ongoing training about the Code.

The personal privacy and values of residents are respected. There is an established Māori health plan in place. Individual care plans reference the cultural needs of residents. Discussions with residents and relatives confirmed that residents and where appropriate their families, are involved in care decisions. Regular contact is maintained with families, including if a resident is involved in an incident or has a change in their current health. Families and friends are able to visit residents at times that meet their needs. Examples of good practice were provided.

There is an established system for the management of complaints, which meets guidelines established by the Health and Disability Commissioner.

## 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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Services are planned, coordinated and are appropriate to the needs of the residents. A facility manager and clinical nurse leader are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is embedded. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training is in place, which includes in-service education and competency assessments.

Registered nursing cover is provided seven days a week and there is a registered nurse on call at all times. Residents and families report that staffing levels are adequate to meet the needs of the residents.

The integrated residents' files are appropriate to the service type.

## Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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The manager is responsible for controlling entry to the service, with assistance from the clinical nurse leader. Comprehensive service information is available. A registered nurse completes initial assessments, including InterRAI assessments. The registered nurses complete care plans and evaluations within the required timeframes. Care plans are based on the InterRAI findings and other assessments. Residents and relatives interviewed confirmed they were involved in the care planning and review process. The general practitioner reviews the residents at least three monthly or more frequently if needed.

Each resident has access to an individual and group activities programme. The integrated programme offered meets the individual recreational preferences and abilities of both groups of residents.

Medicines are stored and managed appropriately in line with legislation and guidelines. Staff responsible for the administration of medications attend annual medication education. General practitioners review residents' medications at least three monthly.

Meals are prepared on site under the direction of a contracted agency and a dietitian. The menu is varied and appropriate. Individual and special dietary needs are catered.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
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The building has a current warrant of fitness and emergency evacuation plan. The additional room in the dementia unit is suitable to be used for this purpose and the 19 proposed dual-purpose beds are suitable to cater for hospital level residents. Reactive and planned maintenance is in place. Chemicals are stored safely throughout the facility. All bedrooms are single occupancy. There are adequate numbers of communal toilets and showers. There is sufficient space to allow the safe movement of residents around the facility using mobility aids. There are communal dining rooms and lounges in the two wings. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible. The facility is appropriately cleaned. A laundry contractor is providing an appropriate service, with the balance of laundry being undertaken onsite. Emergency systems and equipment are in place in the event of a fire or external disaster. There is a first aider on duty at all times.

## 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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Staff receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers. The restraint coordinator maintains a register. During the audit, no residents were using restraints or enablers. Staff regularly receive education and training in restraint minimisation and managing challenging behaviours.

## 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.

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. 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. There has been one outbreak since the previous audit.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	1	41	0	3	0	0	0
<b>Criteria</b>	1	87	0	5	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Radius Heatherlea's policies and procedures are being implemented that align with the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). Families and residents are provided with information on admission, which includes information about the Code. Staff receive training about resident rights at orientation and as part of the annual in-service programme.</p> <p>Interviews with care staff (ten healthcare assistants (HCAs), nine who work in the rest home and dementia unit and one who works only in the rest home, one registered nurse (RN), one activities coordinator, the clinical nurse leader, and one diversional therapist) confirmed their understanding of the Code. Six residents (all rest home level) and three relatives (two dementia level, one rest home level) interviewed, confirmed that staff respect privacy and support residents in making choices.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. The resident or their enduring power of attorney (EPOA) signs for written general consents. Cardiopulmonary resuscitation status is evident in the seven resident files reviewed (four rest home [including the file of a younger person disability contract] and the files of three residents in the dementia unit). Registered nurses interviewed confirmed verbal consent is obtained when delivering care. Family members confirmed they were involved in decisions that affect their relative's lives. All resident files contained a signed admission agreement.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	Residents interviewed confirmed they are aware of their right to access independent advocacy services. Discussions with relatives confirmed the service provided opportunities for the family/EPOA to be involved in decisions. The resident files include information on residents' family/whānau and chosen social networks.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	Residents and relatives interviewed confirmed open visiting. Visitors were observed coming and going during the audit. The activities programme includes opportunities to attend events outside of the facility. Residents are supported and encouraged to remain involved in the community. Relatives and friends are encouraged to be involved with the service and care.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are available. Information about complaints is provided on admission. Interviews with all residents and relatives confirmed their understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints.</p> <p>A complaints register includes written and verbal complaints, dates and actions taken. Complaints are being managed in a timely manner meeting requirements determined by the Health and Disability Commissioner (HDC). There is evidence of lodged complaints being discussed in manager and staff meetings. All complaints received have been documented as resolved, with appropriate corrective actions implemented. This includes three complaints lodged with the DHB, one of which was unsubstantiated and the other two of which have had corrective action plans implemented and completed. The service has worked alongside the DHB to address and resolve the issues identified.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	There is an information pack given to prospective residents and families that includes information about the Code and the nationwide advocacy service. There is the opportunity to discuss aspects of the Code during the admission process. Residents and relatives interviewed confirmed that information had been provided to them around the Code. Large print posters of the Code and advocacy information are displayed throughout the facility. The manager discusses the information pack with residents/relatives on admission. Families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the

		service agreement.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>A tour of the premises confirmed there were areas that support personal privacy for residents. During the audit, staff were observed to be respectful of residents' privacy by knocking on doors prior to entering resident rooms. Staff could describe definitions around abuse and neglect that aligned with policy. An annual resident satisfaction survey was completed in January 2016 and the results showed that the majority of respondents reported overall resident experience as being good or very good. Residents and relatives interviewed confirmed that staff treat residents with respect.</p> <p>The service has a philosophy that promotes quality of life and involves residents in decisions about their care. Resident preferences are identified during the admission and care planning process and this includes family involvement. Interviews with residents confirmed their values and beliefs were considered. Interviews with HCAs described how choice is incorporated into resident cares.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The Māori Health Plan policy for the organisation references local Māori healthcare providers, and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment and care planning, and visiting is encouraged. Links are established with disability and other community representative groups as requested by the resident/family. Cultural needs are addressed in the care plan.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>An initial care-planning meeting is carried out where the resident and/or family/whānau, as appropriate, are invited to be involved. Individual beliefs or values are discussed and incorporated into the care plan. Six monthly multi-disciplinary team meetings occur to assess if needs are being met. Family are invited to attend. Discussions with relatives confirmed that residents' values and beliefs are considered. Residents interviewed confirmed that staff take into account their values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion,</p>	FA	<p>Staff job descriptions include responsibilities. The monthly staff (team) meetings include discussions around professional boundaries and concerns as they arise. Management provided guidelines and examples of mentoring for specific situations. Interviews with the managers and care staff confirmed</p>

harassment, sexual, financial, or other exploitation.		their awareness of professional boundaries.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Policies and procedures are aligned with current accepted best practice. The content of policy and procedures are sufficiently detailed to allow effective implementation by staff.</p> <p>An annual in-service training programme is implemented as per the training plan with training for registered nurses from the DHB and involvement in the ACE programme for all HCAs. Residents' falls are analysed in detail. Outcomes for the service are monitored with benchmarking across all Radius facilities. Feedback is provided to staff via the various meetings.</p> <p>There is a registered nurse on duty during the day, five days a week and on the evening shift seven days per week, and a registered nurse on call at all times. Residents and family describe healthcare assistants as being caring and competent.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	CI	<p>There is an accident/incident reporting policy to guide staff in their responsibility around open disclosure. Staff are required to record family notification when entering an incident into the system. All 11 adverse event reports reviewed met this requirement. Family members interviewed confirmed they are notified following a change of health status of their family member.</p> <p>The service has exceeded the standard by improving communication with staff, resulting in improved communication and satisfaction for residents.</p> <p>There is an interpreter policy in place and contact details of interpreters were available.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Certification: Heatherlea is part of the Radius Residential Care group. The service currently provides rest home and dementia level care for up to 55 residents. On the day of the audit, there were 28 rest home and 21 dementia level residents. This includes one rest home level resident on a young person with disability contract.</p> <p>The facility manager is well trained and experienced and has been in the role for four and a half years. A clinical nurse manager and the Radius regional manager support her. Radius has an overall business/strategic plan and Heatherlea has a facility quality and risk management programme in place for the current year. The business plan includes business goals including the development of the service to provide hospital level care. Progress toward goals is regularly reported. The organisation has a philosophy of care, which includes a mission statement. The facility manager has completed in excess of eight hours of professional development in the past 12 months.</p>

		<p>Partial Provisional: The service has been assessed as able to provide hospital level care in 19 rest home rooms. These 19 rooms will be dual-purpose. The service has previously (recently) provided hospital level care to one resident with a dispensation from HealthCERT. This audit has also assessed the service as able to provide dementia level care for one extra resident in the dementia unit on a short-term basis. This bed is already in use with HealthCERT and has DHB approval.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>Certification: The clinical nurse leader/RN covers during the temporary absence of the facility manager. The regional manager or facility manager of the other Radius facility in New Plymouth is also available.</p> <p>Partial Provisional: The clinical nurse leader will continue to provide temporary cover for the facility manager, in her absence.</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>An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the regional manager. Discussions with the managers (facility manager, regional manager and clinical nurse leader/RN), the GP and staff reflected staff involvement in quality and risk management processes</p> <p>Resident meetings are held monthly. Minutes are maintained and a corrective action plan is developed and implemented after each meeting to ensure issues identified are addressed. Annual resident and relative surveys are completed with results communicated to residents and staff. Survey results reflect high levels of satisfaction.</p> <p>The service has policies, procedures, and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. The clinical managers group, with input from facility staff, reviews the service's policies at a national level every two years. Clinical guidelines are in place to assist care staff. Updates to policies included procedures around the implementation of InterRAI.</p> <p>The facility has implemented and established processes to collect, analyse and evaluate data, which is utilised for service improvements. Corrective actions are documented.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. The health and safety representative interviewed confirmed their understanding of health and safety processes including recent law changes. They have completed stage one, two and three external</p>

		<p>health and safety training and are booked to attend the transitional training. Risk management, hazard control and emergency policies and procedures are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Radius has achieved tertiary level ACC Workplace Safety Management Practice.</p> <p>Falls prevention strategies are in place with post-fall assessments completed, sensor mats, landing mats and intentional rounding being used.</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 incident/accident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring, corrective action to minimise and debriefing. Individual incident/accident reports are completed for each incident/accident with immediate action noted and any follow-up action required.</p> <p>A review of 11 incident/accident forms (eight falls, five skin tears, and two pressure injuries) identified that forms are fully completed and include follow-up by a registered nurse. Neurological observations are done two hourly for any suspected injury to the head. The clinical manager is involved in the adverse event process.</p> <p>The regional manager was able to identify situations that would be reported to statutory authorities including (but not limited to) infectious diseases, serious accidents, and unexpected death. A section 31 notification was completed regarding an externally acquired grade 3 pressure injury, and public health was notified of an outbreak in October 2015.</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>Certification: Human resources policies include recruitment, selection, orientation and staff training and development. Seven staff files reviewed (the clinical nurse leader, one registered nurse, two HCAs, the diversional therapist, the kitchen manager and one domestic staff member) included a comprehensive recruitment process which included reference checking, signed employment contracts and job descriptions, police checks, completed orientation programmes and annual performance appraisals.</p> <p>A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. There is an implemented annual education and training plan that exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training.</p>

		<p>Registered nurses are supported to maintain their professional competency. The clinical nurse leader has completed their InterRAI training. There are implemented competencies for registered nurses including (but not limited to) medication competencies and insulin competencies.</p> <p>Thirteen healthcare assistants work in the dementia unit. Ten have completed the ACE dementia NZQA standards. The other three HCAs are enrolled and have not yet worked in the dementia unit for one year.</p> <p>Partial provisional: All staff have completed manual handling, hoist training, and have completed hoist competencies. A series of training sessions are planned to upskill staff around meeting the needs of residents requiring hospital level care. It is planned that new staff employed will be included in these training sessions. Advertisements have been prepared and are ready to be placed when/if hospital level care is approved for the recruitment of registered nurses. The clinical nurse leader and the administrator and facility manager are completing a leadership course. A weeklong mentorship programme is scheduled at another Radius service that provides hospital level care.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Certification: A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. There is a registered nurse (the clinical nurse leader) on site Monday to Friday during the day and a registered nurse on afternoon shift seven days per week. A registered nurse is on call at all times. The current roster is sufficient to cater for the one additional resident in the dementia unit. Activities are provided five days a week.</p> <p>Staff were visible and attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall the staffing levels are satisfactory and that the managers provide good support. Residents and family members interviewed report there are sufficient staff numbers.</p> <p>Partial provisional: A proposed roster has been developed to provide satisfactory staffing to accommodate hospital level residents. This will be completed in increments of three, six, ten and then twenty hospital level residents. This will be in-line with the equivalent decreasing number of rest home level residents. The proposed roster has been developed using the Radius staffing rationale. A proposed roster has been developed in graded stages, to cater to the increased acuity and need of residents, as the number of hospital level residents increases. This includes one registered nurse being on duty each shift over 24-hours per day from the admission of the first hospital level resident, and increasing HCA hours as hospital level resident numbers increase. The roster has used the Radius clinical hour's calculator as a basis for planning.</p>

<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24-hours of entry into the resident's individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. Entries are legible, dated and signed by the relevant HCA or nurse including designation. Individual resident files demonstrate service integration.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>The service has comprehensive admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. Needs assessors are involved in the pre-entry screening for rest home and dementia unit residents. The manager screens potential residents prior to entry to ensure the service can meet the residents assessed needs. Seven admission agreements reviewed align with the requirements of the Age Related Residential Care agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives are notified if transfers occur.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policies and procedures comply with medication legislation and guidelines. The CNL checks medications delivered against the medication chart. Registered nurses and medication competent HCAs administer medications. All staff administering medications had completed medication competencies annually. Medications are stored correctly and the medication fridge is monitored daily. All eye drops had been dated on opening and no expired medications were found. There were no residents self-medicating on the day of audit. Standing orders are not in use. Two RNs have syringe driver competencies.</p> <p>Fourteen medication charts were reviewed. Medication charts are pharmacy generated and met the legislative requirements. All medication charts had been reviewed at least three monthly by the GP.</p> <p>Partial Provisional: There is an established medicines management system in place. There are policies and procedures in place for safe medicine management that meet legislative requirements. There is a dedicated medicine room and medicines trolley. The existing system will be capable of accommodating the change in service levels.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a fully functional kitchen and all food is cooked on site. The kitchen is overseen by a professional food catering company who provide the summer and winter four week rotating menu (and annual dietetic review of the menu – October 2015) along with recipes and menu advice. The company undertakes six monthly audits onsite. There are two qualified cooks rostered to run the kitchen along with a casual cook. A resident nutritional profile is developed for each resident on admission, including likes and dislikes, and provided to the kitchen. Dietary needs including modified meals are accommodated. Special foods include diabetic diets. The cook (interviewed) was able to describe alternative meals offered for residents with dislikes and what to do for weight loss. Meals are plated in the main kitchen for the rest home and they are delivered in a bain-marie for plating in the dementia unit. The kitchen service is able to cater for the one additional resident in the dementia unit.</p> <p>The kitchen staff have completed food safety and chemical safety training.</p> <p>The temperatures of refrigerators and freezers in the main kitchen and the dementia unit fridge are monitored and recorded. End cooked temperatures are monitored. All dry goods were dated and in sealed containers stored off the floor. All perishable foods in the main kitchen and unit fridge were dated. A cleaning schedule has been maintained.</p> <p>Residents commented positively on the meals provided and have the opportunity to feedback on the service directly to cooks and through resident meetings and surveys.</p> <p>Partial provisional: A hot box has been ordered to assist in the meal service for hospital residents. The kitchen is able to cater to the needs of hospital level residents including the provision of altered texture meals and varying dietary requirements.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service records the reasons for declining service entry to potential residents should this occur, and communicates this decision to potential residents/family/whānau and the referring agency. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support</p>	<p>FA</p>	<p>All appropriate personal needs information is gathered during admission, in consultation with the resident and their relative where appropriate. InterRAI assessments, including risk assessments, are</p>

requirements, and preferences are gathered and recorded in a timely manner.		completed on admission and reviewed at least six monthly or if there is a change in the resident's condition. The outcomes of assessments were reflected in the long-term care plans in resident files reviewed.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The long-term care plans reviewed all describe the support required to meet the resident's goals and needs as identified through the assessment process. Residents and relatives confirmed they were involved in the care planning and review process. There is documented evidence of resident/relative involvement in the development of care plans. Short-term care plans were in use for changes in health status. Care staff interviewed reported the care plans are readily available and they found the plans easy to follow.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Registered nurses and HCAs follow the care plan and report progress against the care plan at each shift at handover. Handover is verbal and written.  Personal care charts, food and fluid charts, and behaviour monitoring charts were available.  When a resident's health changes the RN initiates GP or allied health advice. If external medical/specialist advice is required, this will be by referral from the GP. The residents interviewed state the support received meets their expectations. Relatives interviewed confirmed the care of their relatives meets their expectations.  Sufficient continence products were sighted. Resident files include a continence assessment and plan as applicable.  Staff have access to sufficient dressing supplies. Wound assessments, wound management plans and wound evaluations were in place for one wound being treated. One lesion was being monitored. There were no pressure injuries being treated on the day of audit. The RNs have access to specialist nursing wound care management advice through the district health board (DHB). Appropriate pressure injury interventions were documented in the care plans of residents identified as high risk of pressure injury.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are	FA	There is a qualified diversional therapist and an activities officer employed for 65 hours per week Monday to Friday. On the weekend, activities are arranged for HCAs to run and there is a church service.  There is a weekly activity programme for the residents in the dementia unit and a monthly programme

<p>appropriate to their needs, age, culture, and the setting of the service.</p>		<p>of activities for the rest home residents. A copy of the programme is available in the front entrance and in each resident's room. The activities provided meet the recreational preferences and abilities of the resident groups and include music, art and crafts, exercises, walks, intellectual and sensory activities. Activities reflect ordinary patterns of life and include planned visits into the community and visits by community groups to the home. Volunteers are involved in the activity programme with painting of nails and befriending individual residents. The current resources are able to cater for the extra resident in the dementia unit.</p> <p>One-on-one time is spent with residents who choose not to, or are unable to participate in group activities. A van, with hoist, is used for resident outings.</p> <p>A 'getting to know me' questionnaire is completed with each resident/family on admission and is the basis for a plan of what the resident wishes to participate in. A monthly review of the individual's activities is undertaken and a six monthly evaluation is incorporated into the RN six monthly reviews.</p> <p>Residents commented they have the opportunity to provide suggestions for activities directly and through the resident meetings and surveys. They commented positively on the activity programme.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The long-term care plan is evaluated at least six monthly or earlier if there is a change in health status. Evaluations are documented. Changes in health status are updated on the care plan. Six monthly reassessments have been completed by the CNL using InterRAI LTCF for all residents and for those who have had a significant change in health status. Short-term care plans are evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to a wound specialist. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in clinical notes. The staff provided examples where a resident's condition had changed and the resident reassessed.</p>
<p>Standard 1.4.1: Management Of</p>	<p>FA</p>	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were</p>

<p>Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Chemicals sighted, were labelled correctly and stored safely throughout the facility. Safety data and product sheets were available. Staff have completed chemical safety training.</p> <p>Partial provisional: There will be no changes to the existing waste management system, which will be able to accommodate hospital level care. There is a sluice and sanitiser already in place.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The building has a current building warrant of fitness that expires 1 September 2016. The facility is a three level building with extended gradual ramp access and stair access. There is a maintenance person who completes the monthly planned maintenance schedule for the internal and external building. When rooms are vacated, they are refurbished if necessary. Maintenance requests are recorded and addressed. Essential contractors are available 24-hours and a gardener is employed part time.</p> <p>Electrical equipment is tested and tagged two yearly. Clinical equipment is checked and calibrated annually. In each wing, hot water temperatures are monitored and maintained below 45 degrees Celsius.</p> <p>The facility has sufficient space for residents to mobilise using mobility aids. There is sufficient space in communal areas for residents to sit safely in lounge chairs. External areas include grounds with seating and shade areas that are well maintained and easily accessible. There is a dedicated outside smoking area that is sheltered.</p> <p>Staff stated they had sufficient equipment to deliver the cares as outlined in the resident care plans.</p> <p>Partial provisional: All rooms and areas in the proposed dual-purpose areas are suitable to provide hospital level care. Oxygen and suction equipment are already on site. The service has yet to purchase all the equipment required for hospital level care.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving</p>	<p>FA</p>	<p>There are adequate communal showers with vacant/engaged signs and/or privacy locks. This includes catering for the one extra resident in the dementia unit.</p> <p>Partial provisional: There are an adequate number of toilets and showers of sufficient size, and close to the proposed dual rooms, to meet the needs of hospital level residents.</p>

assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All residents' rooms are single and allow for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms as viewed on the day audit. The additional room in the dementia unit is suitable for the purpose.</p> <p>Partial provisional: The rooms identified to be dual-purpose rooms are of a size to allow for the provision of hospital level care including the use of hoists and contain wash hand basins.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The communal areas in the rest home area include a large dining room and separate lounge along with a separate recreational room. In the dementia unit there is a roomy lounge with adjacent dining room and kitchenette and a separate 'quiet lounge' and is able to cater for the additional resident. Seating and space is arranged to allow both individual and group activities.</p> <p>Partial provisional: Communal rooms and corridors are easily accessible and large enough to cater for the needs of hospital level residents. One lounge is proposed to be a lounge for those with higher needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All laundry, other than personal clothing, is laundered off site. There is a laundry person employed Monday to Friday. When dirty laundry is collected, it is placed in an outside storage facility. The laundry contractor then collects it Monday to Friday. Cleaners are employed and cleaning trolleys were well equipped and stored in designated locked cupboards. The staff have access to a range of chemicals, cleaning equipment and protective clothing. The chemical provider monitors the use and effectiveness of laundry and cleaning chemicals and data safety sheets and information on the use of chemicals was available in all relevant areas. The facility was well maintained and clean on the days of audit. Residents interviewed were satisfied with the cleanliness of their rooms and environment. The standard of cleanliness and laundry process is monitored through the internal audit programme.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>The fire service reviewed and approved the evacuation plan on 12 October 1999. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation drills are conducted. Fire training and security situations are part of orientation of new staff (link 1.2.7.4). There are adequate supplies in the event of a civil defence emergency including food, water and gas cooking (one barbeque). A contracted service supplies a generator when required. A minimum of one person trained in first aid and</p>

		<p>cardiopulmonary resuscitation (CPR) is on duty at all times.</p> <p>There are call bells in the residents' rooms, bathrooms/toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. A call indicator is outside each room and there are call panels in the nurse station in the dementia unit and at reception in the rest home.</p> <p>The building is secure afterhours with doorbell access at the main entrance. Staff undertake a security check each evening after the external doors are locked.</p> <p>Partial provisional: The existing call bell system is appropriate for hospital level care. There is no change required to the existing emergency management plan.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms including the additional room in the dementia unit have external windows that open, allowing plenty of natural light. The resident bedrooms have heaters, which can be adjusted. Communal areas are covered by a central heating system.</p> <p>Partial provisional: The 19 proposed dual-purpose rooms are already in use as rest home level rooms. The rooms have sufficient natural lighting, and are well-heated. No changes are required for the provision of hospital level care.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Radius Heatherlea has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system and the Radius KPIs. The clinical nurse leader is the designated infection control nurse with support from the quality management committee (infection control team). Minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation (link 1.2.7.4). The Radius infection control programme was last reviewed in July 2015.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources</p>	FA	<p>The clinical nurse leader at Heatherlea is the designated infection control (IC) nurse. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team (comprising the quality management team and care staff) has good external support from the local laboratory infection control team and IC nurse specialist at the DHB. The infection control team is representative of the facility. Infection prevention and control</p>

<p>to implement the infection control programme and meet the needs of the organisation.</p>		<p>is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>There are Radius infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by the Radius clinical management team and have been reviewed and updated.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control nurse has completed infection control training via Bug Control in May 2015. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in Radius' infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed, which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually, and provided to Radius head office. Infections are part of the key performance indicators. Outcomes and actions are discussed at quality meetings and staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the acting facility manager. An outbreak (norovirus) in October 2015 was well managed.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. Restraint minimisation policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers.</p> <p>There were no residents using enablers and no residents with restraints during the audit.</p> <p>Staff training is in place around restraint minimisation and enablers and management of challenging behaviours.</p>
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## 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)
Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.	PA Low	Partial provisional: The service is in the process of employing additional RNs and healthcare assistants to accommodate the higher level of care. Staff have not yet been employed to implement the proposed roster and this will require addressing prior to the admission of hospital level residents.	Partial provisional: The additional RNs and healthcare assistants have not yet been employed for hospital services.	Partial provisional: Ensure that sufficient staff with appropriate skills, are employed (including sufficient registered nurses for 24 hour cover) to provide hospital level care.  Prior to occupancy days
Criterion 1.2.7.4 New service providers receive an	PA Low	Partial provisional: New staff will be orientated as per the existing service processes. The service is planning an induction day for new staff to cover all requirements.	Partial provisional audit: The service has not	Partial provisional: Ensure that all newly appointed staff are provided with an

orientation/induction programme that covers the essential components of the service provided.			yet employed sufficient staff to implement the proposed roster to provide hospital level care.	orientation relevant to the provision of hospital level care.  Prior to occupancy days
Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Low	Partial provisional: The service has planned several training sessions to upskill all staff (including staff to be employed for hospital level care), to meet the needs of hospital level residents. Two of the three current registered nurses (including the clinical nurse leader) have current syringe driver competencies. All staff have completed manual handling and hoist-use training.	Partial provisional: Staff have not yet had all training required to meet the needs of hospital level residents.	Partial provisional: Ensure all staff have appropriate training to meet the needs of hospital level residents.  Prior to occupancy days
Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.	PA Low	Seven resident files, four rest home (including one YPD) and three dementia unit were reviewed. The RN had completed initial assessments and initial care plans within twenty-four hours of admission in all resident files reviewed. InterRAI assessments and long-term care plans were completed within twenty-one days of admission. Long-term care plans reviewed were evaluated at least six monthly or earlier if required by health changes. In five of seven resident files reviewed, the GP had completed admission visits within the required timeframe.	The files of two residents admitted to the dementia unit did not evidence GP admission visits within two working days.	Ensure GP admission visits occur within two working days.  90 days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	Heatherlea currently has sufficient equipment available in order to meet the needs of rest home and dementia level residents. All equipment is maintained, serviced and calibrated. Equipment required to cater for hospital level residents has been identified and purchase has been approved but it will not be ordered until approval is received to provide hospital level care.	Partial provisional: Equipment appropriate to meet the needs of hospital level residents has	Partial provisional: Ensure appropriate equipment is available to meet the needs of hospital level residents.

			not yet been purchased.	Prior to occupancy days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.9.1</p> <p>Consumers have a right to full and frank information and open disclosure from service providers.</p>	CI	<p>The service has a number of ways of communicating with residents, families and staff, including an open door policy for management, resident meetings, regular telephone contact and emails for families and staff meetings and the electronic sign-in system for staff.</p>	<p>In January 2016, staff feedback indicated that staff felt they were not fully informed and that information between the management team and staff could be improved. It was identified that this in turn would provide a safer and more effective service to residents.</p> <p>A one page weekly newsletter for staff was developed that contains inspirational quotes, provides information about upcoming education sessions, meeting times and dates, identifies which manager is on call, highlights upcoming events and provides information about new policies and procedures. After the newsletters commenced, feedback indicated that they could be a little negative so they were changed to be more encouraging and more light-hearted.</p> <p>In July 2016, residents were surveyed with four questions to gauge the impact of the newsletters on residents. Of the replies received, 91% of residents were satisfied with communication and information provided by staff, compared to 82% in the satisfaction survey in January 2016. Other responses evidenced that 91% were satisfied that requests and concerns were responded to in a timely and appropriate manner compared to 80% in January 2016. Furthermore, 83% indicated that they feel more informed</p>

			about what is happening at Heatherlea since the survey in February 2016 (this question was not specifically asked in the previous survey).
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End of the report.