

Radius Residential Care Limited - Radius Matua Lifecare

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 Matua Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 10 August 2016 End date: 11 August 2016
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	140

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	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
	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
	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 Matua is owned and operated by Radius Residential Care Limited. The service provides cares for up to 153 residents requiring rest home, hospital (medical and geriatric) or dementia level care. On the day of the audit, there were 140 residents. The service is managed by a facility manager who has been in the role for two years. He is supported by a Radius regional manager, a clinical manager, assistant facility coordinator and a team leader for each unit/area. Residents, relatives and the GP interviewed spoke positively about the service provided.

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.

This audit has not identified any required improvements.

The service has exceeded the standard around falls management, community involvement, and communication with families, the activities programme and the food service.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		All standards applicable to this service fully attained with some standards exceeded.
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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.		Standards applicable to this service fully attained.
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Services are planned, coordinated and are appropriate to the needs of the residents. A facility manager and clinical manager are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and

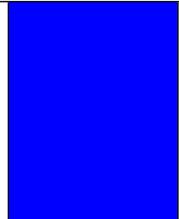
risk management programme is embedded. Corrective actions are implemented and evaluated where opportunities for improvements are identified. Robust falls management strategies are being implemented.

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 24 hours a day, 7 days a week. Residents and staff reported 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

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.		All standards applicable to this service fully attained with some standards exceeded.
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Entry to the service is managed primarily by the assistant facility co-ordinator, registered nurses, team leaders and the clinical nurse manager. There is comprehensive service information available. Assessments, care plans and evaluations are completed by the registered nurses within the required timeframe. Care plans are written in a way that enables all staff to clearly follow their instructions. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. Medication is stored appropriately in line with legislation and guidelines. Staff have had education around medication management and all staff who administer medications have completed a competency assessment. General practitioners review residents at least three monthly or more frequently if needed. Meals are prepared on site. The menu is varied and appropriate.

Individual and special dietary needs are catered for. Alternative options are able to be provided. Residents and relatives interviewed were complimentary about the food service.

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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The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. All bedrooms are single occupancy and most have their own ensuite. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge and dining areas throughout the facility in addition to its main communal areas. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible and the dementia garden is secure. Cleaning and laundry staff are providing appropriate services.

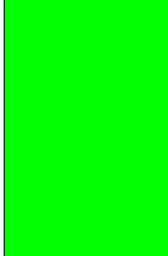
There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days.

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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The facility has been restraint-free for three years. Staff receive regular education and training on restraint minimisation and managing challenging behaviours. There were no enablers in use at the time of the audit.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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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.

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)
Standards	4	41	0	0	0	0	0
Criteria	5	88	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<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 Matua 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. Interviews with staff - nine health care assistants (HCAs - four from the rest home, three from the hospital and two from the dementia unit), seven registered nurses (RNs - two from the rest home including the team leader, two from the dementia unit including the team leader and five from the hospital), one enrolled nurse (EN - the hospital team leader), the recreation coordinator and three activities officers, confirmed their understanding of the Code. Thirteen residents (eleven rest home level and two hospital level) and thirteen relatives (four hospital level, four rest home level and five dementia 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</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. Written consents are signed by the resident or their EPOA. Advanced directives are signed for separately. There was evidence of discussion with family when the GP completed a clinically indicated not for resuscitation order. Health care assistants and registered nurses interviewed confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that</p>

provided with the information they need to make informed choices and give informed consent.		<p>affect their relative's lives.</p> <p>Twelve of twelve resident files sampled (five from the rest home, five from the hospital and two from dementia rest home) had a signed admission agreement and consents.</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	<p>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>
<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>	CI	<p>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 and the service has exceeded the required standard around engaging residents with the community. 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>
<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 at the entrance to the facility. A suggestions box is also held at reception. 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 complaints received, dates and actions taken. Complaints are being managed in a timely manner, meeting requirements determined by the Health and Disability Commissioner (HDC). They are signed off by the facility manager when closed. There is evidence of lodged complaints being discussed in the quality and staff meetings (where applicable). Ten complaints have been received in 2016 (four verbal and six written). One complaint has been lodged with HDC and is currently under investigation and is the only complaint that is open.</p>
Standard 1.1.2: Consumer	FA	There is an information pack given to prospective residents and families that includes information about the

<p>Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>		<p>Code and the nationwide advocacy service and includes specific information about the dementia unit. 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. A 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>
<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>	<p>FA</p>	<p>A tour of the premises confirmed there are 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. Residents and relatives interviewed confirmed that staff treat residents with respect.</p> <p>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>	<p>FA</p>	<p>The Māori health plan policy for the organisation references local Māori healthcare providers regionally within New Zealand 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</p>	<p>FA</p>	<p>An initial care planning meeting is carried out where the resident and/or 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>

ethnic, cultural, spiritual values, and beliefs.		
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</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 their awareness of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	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>HCAs were described by residents and family, as being caring and competent. A number of process improvements have been implemented resulting in improvements to resident wellbeing.</p> <p>Some examples of good practice at Radius Matua are (but not limited to): (i) Radius Matua's activities team are constantly working towards new and innovative activities to involve more residents with a focus on falls prevention, resident participation, evidence based exercise and recreational enjoyment. (ii) Community connections and supporting residents to maintain community networks and activities. (iii) Managing Directors award "Recognition of outstanding performance" by Radius Care Facility. (iv) Organisational achievement for Best Financial Performance in Radius Residential Care and (v) Matua has implemented Wi-Fi to the facility (available for residents and visitors), ultra-fast broadband and constant refurbishment of the facility.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	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 adverse events 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 service with initiatives to engage in communication with residents and relatives.</p>

		There is an interpreter policy in place and contact details of interpreters were available.
<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 Matua is a Radius aged care facility located in Tauranga. The facility is certified to provide rest home, hospital (medical and geriatric), and dementia levels of care for up to 153 residents. Residents living at the facility during this audit totalled 140. Fifty-five residents were at rest home level of care (including three residents living in five studio units in the rest home that have been assessed as suitable for rest home level of care), sixty-three at hospital level of care and twenty-one at dementia level of care. Two (hospital level) residents were on an ACC contract and the remaining residents were on the aged related care contract. There are five dual-purpose beds located in the rest home that were currently occupied by five hospital level residents.</p> <p>The business plan describes the vision, values and objectives of Radius Matua. Goals are linked to the business plan. Goals are reviewed a minimum of three-monthly and the business plan is updated annually.</p> <p>The facility manager has been employed at Radius Matua for two years. He has held managerial positions in the health sector for a number of years. The facility manager is supported by a clinical manager/RN and an assistant facility coordinator. The managers have maintained over eight hours of professional development activities related to managing an aged care facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The assistant facility coordinator covers the facility manager in his absence. A senior RN covers during the absence of the clinical manager. Radius has interim (roving) facility managers and clinical managers who cover extended absences. The regional manager is a registered nurse who is available on a consultative basis.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and</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 (regional manager, facility manager, assistant facility coordinator and clinical manager/RN), and staff reflected staff involvement in quality and risk management processes.</p> <p>Resident and family meetings are three-monthly with every second meeting held during the evening.</p>

<p>risk management system that reflects continuous quality improvement principles.</p>		<p>Minutes are maintained. Annual resident and relative surveys were last completed in November 2015 with a 32% response rate. All respondents (100%) rated the facility as satisfactory or exceeding expectations and 90% would recommend the facility to others.</p> <p>The service has policies and 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 service's policies are reviewed at a national level by the clinical managers group, with input from facility staff every two years. Clinical guidelines are in place to assist care staff. Updates to policies include procedures covering InterRAI and health and safety.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance and the quality of service delivery in the facility and across the organisation. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data, which are utilised for service improvements. Results are communicated to staff in meetings and on staff noticeboards. Corrective action plans are implemented where results reflect opportunities for improvements. Corrective actions are signed off when implemented. The service has exceeded the required standard around the use of quality data to reduce resident falls.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. An ACC Workplace Safety and Management Practice (WSMP) audit was conducted at Radius Matua on 15 July 2016. The Radius organisation was awarded a tertiary level rating. Two health and safety representatives (assistant facility coordinator and maintenance staff) were interviewed about the health and safety programme. 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. All new staff and contractors undergo a health and safety orientation programme.</p> <p>Robust falls prevention strategies are being implemented that reflect positive outcomes.</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</p>	<p>FA</p>	<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(s) required. They are signed off by the clinical manager when completed.</p> <p>A review of 15 incident/accident forms, including three pressure injuries, identified that forms are fully completed and included follow-up and investigation by a registered nurse. Neurological observations are done two-hourly for any suspected injury to the head.</p>

<p>where appropriate their family/whānau of choice in an open manner.</p>		<p>The facility manager and regional manager were able to identify situations that would be reported to statutory authorities including (but not limited to) infectious diseases, serious accidents and unexpected death. Public Health authorities were notified during a rotavirus outbreak (26 May 2015). One coroner's inquest has been signed off with the coroner satisfied with the information supplied.</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>	<p>FA</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Thirteen staff files reviewed (two RNs, eight HCAs, two housekeeping, one maintenance) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. 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. In addition to in-service training, staff are required to complete written core competencies. Sixteen HCAs are employed to work in the dementia unit. Nine have completed their dementia qualification. Seven HCAs are in the process of completing their qualification. All seven staff have been employed for less than one year.</p> <p>Registered nurses are supported to maintain their professional competency. Ten registered nurses have completed their InterRAI training. There are implemented competencies for registered nurses including (but not limited to) medication competencies and insulin competencies.</p> <p>Annual staff performance appraisals are undertaken.</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>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale and reflect safe staffing levels. There are a minimum of two RNs and seven HCAs on site at any time. Activities are provided by activities staff six days a week.</p> <p>Staff that were working on the days of the audit were visible and were attending to call bells in a timely manner as confirmed by the residents interviewed. Staff interviewed stated that overall the staffing levels are satisfactory and that the managers provide good support.</p> <p>Residents and families interviewed reported there are sufficient numbers of staff available.</p>
<p>Standard 1.2.9: Consumer Information Management</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. Other residents or</p>

Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.		members of the public cannot view sensitive resident information. Resident files are protected from unauthorised access. Entries are legible, dated and signed by the relevant HCA or nurse, including designation. Each resident file demonstrates service integration. Archived residents' files are stored securely.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	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. The assistant facility coordinator and the clinical nurse manager screen all potential residents prior to entry and record all admission enquires. The admission agreement form in use aligns with the requirements of the ARC contract. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	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 interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Medication administration practice complies with the medication management policy for the medication rounds sighted. Medication prescribed was signed as administered on the 24 pharmacy generated signing charts sampled. Registered nurses administer medicines. All staff that administer medication are competent and have received medication management training. The facility uses a robotics pack medication management system for the packaging of all tablets. The RN on duty reconciles the delivery and documents this. The 24 medication charts sampled were written correctly by medical practitioners and there was evidence of three monthly reviews by the GP. There were no residents self-administering medicines.
Standard 1.3.13: Nutrition, Safe Food, And Fluid	CI	There is a fully functional kitchen and all food is cooked on site. There is a food services manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and provided to the

<p>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>kitchen staff. This document is reviewed at least six monthly as part of the care plan review. The kitchen is able to meet the needs of residents who need special diets and the kitchen manager works closely with the RNs on duty. The kitchen staff have completed food safety training. The kitchen manager and cooks follow a rotating seasonal menu, which has been reviewed by a dietitian. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Residents and the family members interviewed were very happy with the quality and variety of food served.</p> <p>The kitchen manager has worked with other staff to introduce several initiatives that exceed the required standard.</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>	FA	<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. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>All appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments were completed and were reviewed at least six monthly or when there was a change to a resident's health condition in files sampled. Care plans reviewed were developed on the basis of these assessments.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The long-term care plans reviewed described the support required to meet the resident's goals and needs and identified allied health involvement under a comprehensive range of template headings. Residents and their family/whānau are involved in the care planning and review process. Short-term care plans are in use for changes in health status. Staff interviewed reported they found the plans easy to follow.</p>
<p>Standard 1.3.6: Service</p>	FA	<p>Registered nurses (RNs), team leaders, the clinical manager and healthcare assistants follow the care plan and report progress against the care plan each shift. If external nursing or allied health advice is required</p>

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>the RNs will initiate a referral (eg, to the district nurse). If external medical advice is required, this will be actioned by the GP. Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessment, monitoring and wound management plans are in place for 18 residents with 43 wounds and nine pressure injuries (two pressure injuries were acquired prior to admission).</p> <p>The RNs have access to specialist nursing wound care management advice through the district nursing service.</p> <p>Care plan interventions including intentional rounding and food and fluid charts demonstrate interventions to meet residents' needs. All two hourly turning charts reviewed consistently documented two hourly turns.</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>	<p>CI</p>	<p>A recreation coordinator is employed full time to coordinate the activities programme for all residents. She is supported by three activities officers who each provide a separate programme for each area (rest home, hospital and dementia). Each resident has an individual activities assessment on admission and from this information an individual activities plan is developed as part of the care plan by the registered nurses with input from the activities staff. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan and significant time is dedicated to 1:1 activities. Participation is monitored. Group activities reflect ordinary patterns of life and include planned visits to the community. All resident files sampled have a recent activities plan within the care plan and this is evaluated at least six monthly when the care plan is evaluated. Residents in the dementia unit have plans that include activities to manage behaviours over the 24-hour period and dementia staff provide activities when activities staff are not present. Residents and families interviewed commented positively on the activity programme and the service has exceeded the standard around the provision of activities to meet the needs of specific groups of residents.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>In files sampled all initial care plans were evaluated by the registered nurses within three weeks of admission. The long-term care plans reviewed were evaluated at least six monthly or earlier if there was a change in health status. There is at least a three monthly review by the GP. All changes in health status were documented and followed up. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem was 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)</p> <p>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>	FA	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The nurses initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes. The staff provided examples of where a resident's condition had changed and the resident was reassessed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were 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. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety data sheets are available.</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>	FA	<p>The building has a current building warrant of fitness. The building has a number of alcoves and lounge areas in each unit. There is a full-time maintenance person employed to address the reactive and planned maintenance programme. All medical and electrical equipment was recently serviced and or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids, including a mobility scooter parking/charging bay. The external area is well maintained. Residents have access to safely designed external areas that have shade. There is an interesting and secure garden for the dementia unit. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p>	FA	<p>There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. Most bedrooms have their own ensuites and some have shared ensuites. Toilets and showers have privacy systems in place. Residents interviewed confirmed their privacy is assured when staff are</p>

<p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>undertaking personal cares.</p>
<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>	<p>FA</p>	<p>All residents rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids including those required by hospital level care residents in the dual-purpose and hospital level rooms. Residents are encouraged to personalise their bedrooms.</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>	<p>FA</p>	<p>The communal areas include the main lounge and several smaller lounges and separate dining areas in each of the rest home, hospital and dementia units. The communal areas are easily and safely accessible for residents.</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</p>	<p>FA</p>	<p>The facility is cleaned by dedicated cleaning staff. They have access to a range of chemicals, cleaning equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme. Residents and relatives interviewed were satisfied with the standard of cleanliness in the facility.</p> <p>All laundry is done in the on-site commercial laundry by dedicated laundry staff. Residents and relatives interviewed were satisfied with the laundry service.</p>

being provided.		
<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>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is a minimum of one first aid trained staff member on every shift and during outings. The facility has an approved fire evacuation plan. Fire drills take place every six months. Smoke alarms, sprinkler system and exit signs are in place. Gas barbeques and torches are available in the event of a power failure. Emergency lighting is in place, which is regularly tested. A civil defence kit is in place. Supplies of stored water and food are held on site and are adequate for three days. Electronic call bells are evident in resident's rooms, lounge areas, and toilets/bathrooms.</p> <p>The facility is kept locked from dusk to dawn.</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 have external windows that open allowing plenty of natural sunlight.</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 Matua 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 manager is the designated infection control nurse with support from the registered nurses and 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. The Radius infection control programme was last reviewed in July 2016.</p>
<p>Standard 3.2: Implementing the infection control programme</p>	FA	<p>The clinical manager at Matua 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</p>

<p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>		<p>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 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. 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</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in Radius's infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Short-term care plans are used. Surveillance of all infections is entered on to 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.</p>

infection control programme.		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 facility manager. A rotavirus outbreak in May 2015 was appropriately managed and notified.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	Restraint minimisation policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. The facility has been restraint free for the past three years. There were no enablers in use at the time of the audit. Staff training is in place covering restraint minimisation and enablers, falls prevention and analysis and management of challenging behaviours.

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.

No data to display

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
Criterion 1.1.12.1 Consumers have access to visitors of their choice.	CI	All residents at Radius Matua are offered regular opportunities for outings. The service has initiated a project to engage residents with young people in their community.	In late 2015, the service identified that an opportunity existed to “Close Age Gaps” between children and residents by increasing activity links with schools and community programmes. Dance schools were contacted for involvement themed events in October 2015 and children attended and danced at these. In November 2015 the Otumoetai Drama Class performed at the facility and in December 2015 contact with community and local schools in preparation for Christmas celebrations and entertainment, resulted in performances over the pre-Christmas period. Mt Manganui Intermediate School presented “Annie’s Orphans” also in December 2015 and the Brownies presented a nativity play. In 2016 the service was approached by four Intermediate school boys to link in with their Duke of Edinburgh Award – Community Service. Each student was assigned a resident and they assisted with meal service. Residents stated it was lovely to have these young students assisting at night. In March 2016, a professional storyteller held 27 children, grandparents and residents in awe (hosted by Countdown). In May 2016, Tauranga Boys College assisted residents to compete in the

			<p>Sports BOP Rest Home Games.</p> <p>This is significant engagement with the community and young people compared to nil in the three months prior to the commencement of the initiative.</p>
<p>Criterion 1.1.9.1</p> <p>Consumers have a right to full and frank information and open disclosure from service providers.</p>	<p>CI</p>	<p>Radius Matua has ongoing communication which residents and initiatives to improve communication between the service and residents/families has exceeded the required standard.</p>	<p>Radius have introduced two projects to improve communication with resident's families.</p> <p>The Sparkles group was introduced in July 2015 to welcome new residents/families to enable them to feel involved in the "Lavender" (dementia unit) and to educate families regarding dementia and enable them to liaise with the community and voice concerns. All families were notified by email and word of mouth about the commencement of "Sparkles" and the support of management team. To date nine meetings have been held and all have included an informative presentation, often by external speakers including the mental health service for older people. Attendance has varied from six to eleven family members attending each meeting. Written compliments regarding the Sparkles group had been provided by five regular attendees, who described how the group had allowed them to better understand their loved one. Two dementia families interviewed complimented the group.</p> <p>The second initiative was to improve the attendance of family/whanau of choice at the residents' forum meetings. To accomplish this, evening meetings and speakers have been introduced. Two wine and cheese evening meetings (6.30pm) were scheduled and undertaken in 2015. Other meetings in 2015 were held during the day (1.30pm). The first evening wine and cheese meeting was held 16 June 2015. Twelve residents and thirteen family members attended. The meeting sparked socialisation amongst the residents and family members who enjoyed chatting with wine or juice served by the staff. Residents and family interacted with staff following the meeting. At the February 2016 meeting, residents/whānau/family in attendance were advised that speakers were to be invited to meetings. Topics would be relevant and interesting for residents/family, that is, EPOA (lawyer to speak), H&D advocate COR. Those in attendance at meetings were invited to put suggestions forward for speakers/topics. At the June 2016 meeting, the</p>

			<p>meeting was held first then a guest speaker was introduced who gave a talk on EPOAs. This was reported by families as well received. Booklets were available to take away with information about EPOAs. Following the introduction of evening wine and cheese meetings there has been a steady increase in the number of family members attending the meetings. From November 2014 – April 2015 there was only one to four family members attending the meetings (all daytime meetings). At the June 2015 evening meeting, thirteen family members attended the meeting with seven in attendance at the June 2015 meeting. The June 2016 meeting was the first meeting with a speaker. Six family members attended and 24 residents.</p> <p>To measure the resident/family/whānau feedback of improvements to the service, a survey has been completed. In summary, ten surveys were distributed to family and residents, eight were completed and returned all of whom responded positively to having the evening meetings and speakers attending. Comments included – “the opportunity to discuss any concerns with others, speakers at meetings a good idea, evening meetings more social and less informal, evening meetings more people go, first speaker very good and topic relevant.”</p>
<p>Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI	<p>A falls prevention group meets regularly and falls prevention champions have been identified. A physiotherapist is on site 21 hours per week. All new admissions are assessed as a high falls risk for the first 72 hours of their admission to the facility. Falls risk screening and falls risk assessments are completed for all new admissions to identify underlying risk factors for falling. Creative games introduced in the dementia unit have helped to reduce falls and have highlighted the factors that contribute to falls. Staff training includes highlighting the importance of clutter-free residents’ rooms. Regular bed checks are undertaken and residents at risk of falling have a toileting</p>	<p>A falls prevention group meets regularly and falls prevention champions have been identified. A physiotherapist is on site 21 hours per week. All new admissions are assessed as a high falls risk for the first 72 hours of their admission to the facility. Falls risk screening and falls risk assessments are completed for all new admissions to identify underlying risk factors for falling. Creative games introduced in the dementia unit have helped to reduce falls and have highlighted the factors that contribute to falls. Staff training includes highlighting the importance of clutter-free residents’ rooms. Regular bed checks are undertaken and residents at risk of falling have a toileting programme implemented. Falls prevention equipment includes sensor mats, and night-lights installed in residents’ bathrooms. Residents at risk of falls are encouraged to wear hip protectors to reduce harm from falling. Statistics reflected a 66% reduction in the number falls per month when targeting new admissions from three falls (April/May 2016) to one fall per month (June/July 2016).</p>

		programme implemented. Falls prevention equipment includes sensor mats, and night-lights installed in residents' bathrooms. Residents at risk of falls are encouraged to wear hip protectors to reduce harm from falling. Statistics reflected a 66% reduction in the number falls per month when targeting new admissions from three falls (April/May 2016) to one fall per month (June/July 2016).	
Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.	CI	The kitchen manager works closely with staff and attends staff and weekly activities meetings to identify opportunities where the kitchen can assist to improve outcomes for residents. The service has exceeded the required standard in this area.	<p>The kitchen manager at Radius Matua has a goal to improve the dining experience and nutritional outcomes for residents, and has engaged with other staff in initiatives to achieve this.</p> <p>The service developed a goal in early 2016 to improve the breakfast service in the rest home by changing the delivery of meals to the residents and provide a more relaxed and social environment for the residents, by providing more choices that are individual and the addition of a hot protein alternative. This was intended in-turn to help with the calorific intake of the residents and help with the maintenance of hydration with the offer of tea, coffee, and fruit juice. The service promoted a buffet breakfast with the healthcare assistants to encourage participation by the residents. This was placed in the activities calendar and occurs each Tuesday and Thursday. The kitchen manager spoke to the residents at meeting and asked for suggestions, and received feedback from the residents on the breakfasts. A verbal meeting with rest home staff was held to promote the concept and provide education around it. Extra teaspoons and side plates for the tables were purchased and the chefs to prepare a protein alternative and place into bain-marie.</p> <p>Since the introduction of the buffet breakfasts in February 2016, 18 residents have gained weight who were previously not gaining weight.</p> <p>At the beginning of 2014, the service developed a goal to improve the quality of meal service and delivery for the residents in the dementia unit by providing finger foods for teatime meal service and high protein</p>

			<p>snacks to supplement residents with weight loss. In addition, changes to the breakfast meal meant making toast in the unit using the smell to trigger memories of eating and hunger.</p> <p>Changes to the breakfast/teatime meal is reporting to have resulted in the residents are eating more and socialising in the dining area. Having no time constraint and the aroma of the toast cooking, this triggers eating responses in a more relaxed setting. The breakfast meal is served to the residents as they wake, and not left sitting until cares are completed and all residents are up for breakfast.</p> <p>Since the introduction of the initiative, six residents have gained weight and a further five residents who were previously losing weight have had their weight stabilise.</p> <p>A further initiative was that residents would enjoy a diversity of meal service other than the daily meals provided. In early 2015, the activities and kitchen teams decided to enhance the dining experience for the residents by giving them the opportunity to be able to enjoy a restaurant quality “themed” service dinner, which supports/reflects the residents’ different cultures and helps provide insight in to each other’s cultural differences. Theme dinners were first implemented February 2015 following an activities planning day. The first dinner was a “Chinese theme” for the residents of the rest home and hospital (as able). The idea behind this initiative was largely to increase socialisation between residents, include staff and to offer the equivalent of a visit to a restaurant, as they would have experienced throughout their lives. Subsequent restaurant themes were Irish lunch (St Patrick’s Day) and a Greek themed lunch. June 2015 took the theme of “black and white” restaurant, which involved staff serving the residents a range of food selected from a “menu” with choices of entrees, mains and dessert. This was a formal dress up occasion, which staff and residents embraced.</p> <p>Due to the popularity of the dinners, they continue to be part of the meal service as per the calendar celebration days.</p> <p>Written and verbal feedback from residents and families has been positive (twelve written compliments were received and resident satisfaction surveys have shown increased satisfaction with the food service.</p>
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<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>CI</p>	<p>The service has introduced a number of activities to meet the needs of individual residents groups including a gardening group, a cooking group, a men's group and activities that follow the Eden principles.</p>	<p>In July 2013 the activities staff identified that male residents were less engaged in activities involving the community than other residents. A men's group was developed and the recreation coordinator planned monthly events after considering suggestions from residents and activity staff. Following this, an appointment with the occupational therapist from the Mental Health Services Older People was held to discuss how to further improve the outcomes for residents. Staff set up a directory of proposed outings and obtained feedback from residents and groups and outings were commenced. An evaluation in January 2014 indicated a decline in numbers attending and this was identified as relating to increased resident dependency, visual and hearing deficits and decreased mobility. Also, the time clashed with other activities. A meeting with management to discuss a proposal to set up a Gentleman's Club was held and resulted in a venue and format change. First club meeting was held on 10 June 2014 with a positive response from men. The subject was 'barbeques', a guest speaker attended and the bar was open and a barbeque afternoon tea was provided.</p> <p>At the time of the audit, 12 to 15 men attend each fortnightly session. Nine persons can be accommodated in the van, 12 when car also used for van outings. The variety of speakers holds the men's attention and maintains contact with the community. The group continues on a fortnightly basis.</p>
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End of the report.