

Radius Residential Care Limited - Radius Windsor Court Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Radius Residential Care Limited
Premises audited:	Radius Windsor Court Rest Home
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 10 January 2017 End date: 10 January 2017
Proposed changes to current services (if any):	This audit has assessed the service and environment as suitable to provide hospital (medical level care).
Total beds occupied across all premises included in the audit on the first day of the audit:	48



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 Windsor Court is part of the Radius Residential Care Group. Windsor Court cares for up to 61 residents requiring hospital (geriatric) and rest home level care. On the day of the audit there were 48 residents. One wing is currently in the process of being closed for renovations. This audit has also assessed the service as suitable to provide hospital (medical) level of care.

The facility manager has been in the role for seven years and has previous experience in aged care management. She is supported by a relieving clinical manager (on leave on audit day) and the Radius regional manager.

Residents and family interviewed spoke positively about the service provided.

All of the four shortfalls identified at the previous audit have been addressed. These were around documentation of dates and times, staffing for hospital level care, adding a further large bathroom and medication management.

The service has continued to exceed the required standard around activities, the safe environment in the dementia unit, and falls reduction in the rest home.

This audit has identified improvements required around updating care plans when evaluations identify changes in need.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Discussions with families identified that they are fully informed of changes in health status. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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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The facility manager is qualified and experienced for the role. The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities, including Radius key performance indicators, are conducted and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Residents meetings are held regularly and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. An education and training programme has been implemented with a current plan in place. Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care.

Continuum of service delivery

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

Safe and appropriate environment

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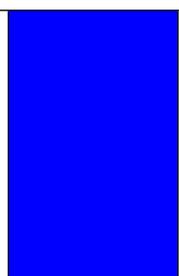
A current building warrant of fitness is posted in a visible location.

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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Windsor Court has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there was one resident with restraint and no residents with an enabler.

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.		All standards applicable to this service fully attained with some standards exceeded.
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Windsor Court has an infection control programme that complies with current best practice. Infection control surveillance is established that is appropriate to the size and type of services. There is a defined surveillance programme with monthly reporting by the infection control coordinator.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (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	2	15	0	1	0	0	0
Criteria	4	37	0	1	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>A complaints policy and procedure is in place. The complaints procedure is provided to residents and their family within the information pack at entry. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings, and complaint forms. Information on the complaint's forms includes the contact details for the Health and Disability Advocacy Service. Complaints forms are available at reception.</p> <p>Six complaints were received in 2016 and all complaints have been signed off as resolved. A review of the complaints register evidences that the appropriate actions have been taken in the management and processing of these six complaints.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Five residents interviewed (two hospital and three rest home) stated they were welcomed on entry and were given time and explanation about the services and procedures. A sample of twenty incident reports reviewed, and associated resident files evidenced recording of family notification. Five relatives interviewed (three hospital and two rest home) confirmed they are notified of any changes in their family member's health status. No families with residents in the dementia unit were available. The facility manager, relieving clinical manager, two registered nurses (RNs) and four healthcare assistants (three who work in the rest home/hospital on the AM and PM shifts and one who works in the dementia unit on the AM shift) were able</p>

		<p>to identify the processes that are in place to support family being kept informed.</p> <p>Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p> <p>The facility has an interpreter policy to guide staff in accessing interpreter services. Residents (and their family/whānau) are provided with this information at the point of entry. Families are encouraged to visit.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Windsor Court is part of the Radius Residential Care group. The service provides rest home, hospital and dementia level care for up to 61 residents. On the day of the audit there were 48 residents (22 rest home, eight hospital and 18 dementia). Fifteen beds have been decommissioned with plans to refurbish 15 studio rooms. There are 20 dual-purpose beds. This audit has assessed the service as suitable to provide the medical level of care under their current hospital certification. On the day of the audit, all residents were on the aged residential care contract.</p> <p>Radius has an overall business/strategic plan and Windsor Court has a facility quality and risk management programme in place for the current year. The business plan includes business goals. Progress toward goals is regularly reported. The organisation has a philosophy of care which includes a mission statement.</p> <p>The facility manager is well trained and experienced and has been in the role since 2010. She is supported by a clinical manager/registered nurse (RN) and the Radius regional manager. The clinical manager was on leave with an interim clinical manager fulfilling this role on a part time basis. The facility manager has completed in excess of eight hours of professional development in the past 12 months.</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>There is an organisational business plan that includes quality goals and risk management plans for Windsor Court. There is evidence that the quality system continues to be implemented at a level that exceeds the required standard. Interviews with three managers (facility manager, interim clinical manager, and regional manager) and ten staff (four healthcare assistants, two RNs, two cooks, two activities coordinators) confirmed that quality data is discussed at monthly staff meetings. The facility manager advised that she is responsible for providing oversight of the quality programme. There is a monthly staff meeting where all quality data and indicators are discussed. Minutes of these meetings are made available to all staff. The quality and risk management programme is designed to monitor contractual and standards compliance.</p> <p>The service's policies are reviewed at national level by the clinical manager group with input from facility staff every two years. New/updated policies are sent from head office. Staff have access to manuals.</p> <p>Data is collected in relation to a variety of quality activities and an internal audit schedule has been</p>

		<p>completed. Areas of non-compliance identified through quality activities are actioned for improvement. Corrective actions are evaluated and signed off when completed.</p> <p>The service has a health and safety management system that meets current legislative requirements. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management.</p> <p>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. Residents' falls have reduced significantly. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.</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>	<p>FA</p>	<p>There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the clinical manager and analysis of incident trends occurs. Incidents are included in the Radius key performance indicators (KPIs). There is a discussion of incidents/accidents at monthly staff meetings including actions to minimise recurrence. Clinical follow-up of residents is conducted by a registered nurse as confirmed on 20 incident reports sampled. Discussions with the facility manager and regional manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications with examples of situations provided.</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>There are human resource management policies in place which includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Five staff files were reviewed (one clinical manager, one staff RN, three healthcare assistants) and evidenced that reference checks are completed before employment is offered. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>The in-service education programme for 2016 has been completed and a plan for 2017 is in place. The registered nurses are able to attend external training including sessions provided by the local DHB. Annual staff appraisals were evident in the staff files reviewed. Six monthly fire evacuation drills have been conducted.</p> <p>There are nine caregivers who work in the dementia unit. Five have completed the ACE dementia NZQA standards and the other four are all enrolled and have not yet worked in the dementia unit for one year. The activities coordinator has also completed dementia training.</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>	FA	<p>Radius policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The clinical nurse manager works fulltime and is covered by a relieving clinical manager two to four days a week in her absence.</p> <p>There is a minimum of one staff RN on site 24 hours a day, seven days a week. This is an improvement from the previous audit. The facility manager and staff interviewed advised that extra staff can be called on for increased resident requirements and the roster. Interviews with staff, residents and family members identify that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are 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. Entries in records are legible and signed by the relevant healthcare assistant or registered nurse. Care staff consistently document the time of entry. This is an improvement from the previous audit.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Medications are checked against the doctor's medication profile on arrival from the pharmacy by a registered nurse. Any mistakes by the pharmacy are regarded as an incident. Medications are stored safely and no expired medications were on site. This is an improvement since the previous audit.</p> <p>Designated staff are listed on the medication competency register which shows signatures/initials to identify the administering staff member. A registered nurse was observed safely and correctly administering medications. All prescribed medications on charts reviewed had been signed as administered. This is an improvement since the previous audit.</p> <p>Resident medication charts are identified with demographic details and photographs. The medications fridges are monitored daily. All 10 medication charts had allergies (or nil known) and indications for use for 'as required' medications documented. All medications had been reviewed by a GP at least three monthly. These are improvements since the previous audit.</p> <p>There was one resident who self-administered medications. The file evidenced a completed competency assessment.</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>The service has a large workable kitchen. The kitchen and the equipment are well maintained. The service employs sufficient kitchen staff to provide meal services over seven days a week. There is a rotating four weekly menu in place that is designed by a dietitian. Diets are modified as required. There is a choice of foods and the kitchen can cater to specific requests if needed.</p> <p>Food safety information and a kitchen manual are available in the kitchen. Food served on the day of audit was hot and well presented.</p> <p>The residents interviewed spoke positively about meals provided and they all stated that they are asked by staff about their food preferences.</p> <p>The service has a process of regular checking of food in both the fridge and freezers to ensure it is disposed of when use-by date expires. All food is stored and handled safely. Food temperatures are recorded. The kitchen is clean.</p> <p>Kitchen staff have been trained in safe food handling.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Wound care plans, infection control plans, fluid balance management plans and pain management plans were evident. The use of short-term care plans was evident. In all files sampled and following observation and interviews with staff and residents; the residents are receiving care that meets all their needs. The GP interviewed stated the facility applied changes of care advice immediately and was complimentary about the quality of service delivery provided. Resident's needs are assessed prior to admission and resident's primary care is provided by the facility GPs unless the resident chooses another GP.</p> <p>Dressing supplies are available and a treatment room is stocked for use.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management and continence products identified for day use, night use and other management.</p> <p>Specialist continence advice is available as needed and a physiotherapist visits the facility for a minimum of four hours weekly. A contracted dietitian is available and provided input when this is required.</p> <p>Wound assessment and wound management plans were in place for one chronic ulcer, one recent ulcer, one resident with scratches and two skin tears. There was evidence in files of the wound specialist referrals. Wound care is completed within timeframes.</p>
<p>Standard 1.3.7: Planned Activities</p>	<p>CI</p>	<p>There are two activities coordinators – one who works in the dementia unit and one who provides a programme in the rest home/hospital. All recreation/activities assessments and reviews sampled were up to date. On the day of audit, residents were observed being actively involved with a variety of activities in the</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>main lounge and throughout the facility. Residents have a comprehensive assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career and family. In the dementia unit the programme is flexible and healthcare assistants engage the residents in activities when the activities coordinator is not available.</p> <p>Activities are age appropriate and have been comprehensively planned. Activities provided are meaningful and reflect ordinary patterns of life. The service continues to exceed the required standard around meeting the needs of male residents.</p> <p>All residents and family members interviewed stated that activities are appropriate and varied and spoke positively about the programme.</p> <p>Five resident files reviewed identified that the individual activity plan is reviewed at the time of the care plan review.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>PA Low</p>	<p>All initial care plans are evaluated by the registered nurses within three weeks of admission. The long-term care plan is evaluated at least six monthly or earlier if there is a change in health status. There is at least a three monthly review by the GP. All changes in health status are documented and followed up but the care plan is not always updated. Care plan reviews are signed by a registered nurse. 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 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness is posted in a visible location (expiry date 17 June 2017). Alterations to the environment in the dementia unit have resulted in a reduction in the number of falls and skin tears and this continues to exceed the required standard. Appropriate equipment to provide hospital (medical) level of care is available at Windsor Court.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate</p>	<p>FA</p>	<p>There are sufficient toilets and showers to cater for the existing rest home and dementia level residents. Many rooms have toilet ensuites. There are two showers and two mobility toilets that are suitable to provide care for hospital level residents with equipment needs (eg, hoist, wheelchair). This is an improvement from the previous audit.</p>

<p>toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>CI</p>	<p>The surveillance of infection data assists in evaluating compliance with infection control practices. Infections are collated monthly - including urinary tract, upper respiratory, skin and infections that do not require antibiotics. This data is analysed and acted upon to a level that exceeds the required standard and reported to the facility meetings. Monthly data was seen in staff areas. The service submits data monthly to Radius head office where benchmarking is completed. There has been one respiratory outbreak since the previous audit which appeared well managed.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There was one resident with restraint and no residents using an enabler. All necessary documentation is available in relation to the restraints. Staff interviews and staff records evidence guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.8.3</p> <p>Where progress is different from expected, the service responds by initiating changes to the service delivery plan.</p>	PA Low	Registered nurses are active in evaluating care plans whenever there has been a change or need or health status. This is documented in the care plan evaluation, in narrative style, within the care plan document and also on the handover sheet to alert staff to changed needs. The care plan is not always amended to reflect the changes.	Three of five files sampled (one rest home, one hospital and one dementia level) did not have the care plan updated when needs had changed.	<p>Ensure that the care plan is updated when resident needs change.</p> <p>90 days</p>

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 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI	<p>Systems are in place for the collection, analyses, and evaluation of quality data. Data analysis identifies normal variation, patterns and trends. Communication of results occurs across a range of meetings.</p>	<p>Windsor Court has a goal to reduce falls in the rest home. Strategies implemented to reduce the number of falls include the establishment of a falls focus group and the designation of a falls champion who is responsible for ongoing falls assessments, orientating staff around falls prevention strategies, and liaising with families. Residents at risk of falling are assessed by a physiotherapist. Other strategies include perimeter mattresses, LED lighting, hydration strategies, intentional rounding and the implementation of a balance exercise programme. Healthcare assistants interviewed were knowledgeable in regards to preventing falls and were able to identify those residents who were at risk. The falls management strategy is regularly reviewed and discussed at staff meetings.</p> <p>Falls remain low during the night shift in the dementia unit (link to CI 1.4.2.4). Falls in the rest home have reduced significantly with an average of 13.3 falls per month during the first six months of 2016 and 7.2 falls per month during July – December 2016. This previous area of continuous improvement remains.</p>

<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>	CI	<p>The service provides an active activities programme that is designed to meet the various needs and interests of residents with a variety of cognitive and physical abilities. The activities coordinators have identified that male residents had previously had poor attendance at activities and developed a monthly men's group to address this.</p>	<p>At Radius Windsor Court the monthly Men's Group has continued, with an aim to provide male focussed activities to stimulate the interest of male residents. Recent activities for the group have included monthly outings to the Working Men's club, painting the fence in the dementia unit garden, fishing in Kawhia and visiting a vintage car café. In November 2016 the group had a planning meeting at the Working Men's Club to offer ideas for activities for the group in 2017, which are in the process of being organised. Seventy per cent of male residents are involved regularly in the men's group. This is an improvement from the 10% prior to the inception of the project.</p>
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	CI	<p>Strategies are being implemented which alter the physical environment in the dementia unit and have resulted in a reduction in the number of falls and skin tears during the night shift.</p>	<p>Data analyses identified that a high number of residents were falling during the night shift in the dementia unit. Staff identified the cause being residents waking when disturbed by minimal noise and a delay in responding to residents in a timely manner when a sensor mat triggered an alarm. Strategies implemented include playing a radio as 'white noise' to minimise the impact of other noises and installing motion sensors to detect motion when a resident is moving in bed. These strategies were implemented during the previous audit. Falls in the dementia unit remain low with only nine reported falls during the night shift for the year ending December 2016 and only four skin tears during the night shift for the year ending December 2016. This area of continuous improvement remains.</p>
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes</p>	CI	<p>The infection control coordinator is active in analysing infection control surveillance data and in ensuring that actions are taken to maintain the infection rate below the Radius KPI.</p>	<p>Radius Windsor Court has an ongoing goal to achieve the lowest infection rates possible for residents. The infection control coordinator actively analyses all infection control data and works closely with staff (as reported by the healthcare assistants) to reduce rates. Initiatives have included introducing a variety of fluid options as the residents drink more when a fluid option they enjoy is offered, thereby reducing UTIs. These interventions and active addressing of any small unwanted trend mean that Windsor Court has consistently remained below the Radius benchmark for all infections, except</p>

are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.			for chest infections during a respiratory outbreak in winter 2016.
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End of the report.