

Radius Residential Care Limited - Radius Potter Home

Date of audit: 09-Mar-11

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Radius Potter Home is located very close to the Whangarei Central Business District and is an older style facility. It has been owned and operated by Radius Residential Care for approximately six years. Potter Home provides residential care for rest home residents, medical and geriatric hospital residents as well as younger residents with physical disabilities. The facility has a total of 57 beds - 40 hospital beds and 17 rest home beds. Occupancy was 47 residents on day one of the audit. As a result of the audit it is recommended that the Ministry of Health certificate includes Residential Disability services.

Services are designed to meet the individual needs of residents living at Potter Home. The activities co-ordinator plans a monthly residents' activities programme and there are activities that cater to the specific needs of the younger residents as well as the needs of hospital and rest home residents. Areas for improvement identified as a result of this audit are mainly in relation to maintaining accurate resident care plans including implementation and ongoing evaluation of individual care needs. Organisational documents provided have been reviewed prior to the on site audit being conducted, and are satisfactory.

SUMMARY

Standards have been assessed and summarised below:

Key

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

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Indicator	Assessment
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.		No short falls

Organisational Management	Indicator	Assessment
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.		A number of shortfalls that require specific action to address

Continuum of Service Delivery	Indicator	Assessment
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.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Indicator	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Restraint Minimisation and Safe Practice	Indicator	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> • Consumers receive and experience services in the least restrictive manner through restraint minimisation • Consumers requiring restraint receive services in a safe manner • Consumers requiring seclusion receive services in the least restrictive manner 		No short falls

Infection Prevention and Control	Indicator	Assessment
Includes 6 standards which require: <ul style="list-style-type: none"> • There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. • There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. • Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation 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. • The organisation provides relevant education on infection control to all service providers, support staff and consumers. • Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. • Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians. 		No short falls

AUDIT RESULTS

Consumer Rights

Services are provided in a manner that is respectful of consumers' rights and facilitates open and effective communication with residents and family members. Complaints and adverse events are regarded as an opportunity to improve services and to address any identified deficits in service delivery. Residents interviewed during the audit expressed satisfaction with the service and confirm they know how to make a complaint if necessary. Documentation in the complaints register shows that complaints received are dealt with in an appropriate manner. Information relating to advocacy services is given to the resident and family during admission and the local Health and Disability Commissioner (HDC) advocate visits the facility on a regular basis. There are no required improvements within the Consumer Rights Standard.

Organisational Management

Radius Residential Care has a quality and risk management system in place at the facility and have implemented policies and procedures required by the Aged Residential Care Contract. There is a well managed document control system for which Radius Support Office is responsible. Current up-to-date documents are available and are used by service providers. The organisation has implemented a procedure for documenting and investigating all accidents, incidents and 'near misses'. This includes, reporting requirements, examining the cause of adverse events and taking corrective action.

All health practitioners employed or contracted by Radius Residential Care are required to sign a Health Practitioners Agreement which states they will meet the requirements of the Health Practitioners' Competence Assurance Act (2003). The organisation has an annual in-service education plan that is linked to the Health and Disability Services Standards (HDSS). Parts of the standards not fully met, and about which there is one improvement required, relates to ongoing training requirements and monitoring of staff attendance at mandatory training sessions.

Continuum of Service Delivery

The facility's entry information is available in hard copy and on the Radius Residential Care Ltd website. This information is available for prospective residents, family members and the referring agencies. The Needs Assessment and Service Coordination (NASC) service assess residents admitted to this facility.

Assessments and care planning are conducted on admission to the facility. Residents' needs, support requirements and preferences are gathered from appropriate sources and are recorded in a timely manner. There are seven improvements required in relation to general service delivery. These are in relation to: providing evidence that each stage of service provision is being developed with the resident and/or family within time frames that safely meet the needs of the consumer; that care plans accurately reflect the health care needs of the residents; that the service ensure that service deliver plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process; that service delivery plans demonstrate integration of service; that the facility ensures service provision and interventions consistently meet the needs of the residents; that care plan evaluations indicate the degree of achievement or response to the support and/or intervention and progress towards meeting the desired outcome.

The activities co-ordinator plans a monthly residents' activities programme. The planned activities reflect ordinary patterns of life. Each resident has an individual activity/recreational assessment to ascertain their needs and appropriate activity requirements. Group activities are developed according to the needs and preferences of residents who choose to participate. There are activities that caters to the specific needs of the younger (YPD) consumers as well as needs of hospital and rest home residents.

Medicine policies and procedures are documented. There are two improvements required in relation to medication management. The medicine reconciliation process needs to be safe in order to comply with legislation, protocols and guidelines and all staff members involved in medicine administration have completed competencies on file.

A weekly menu system is utilised on a national scale by the company. This menu system was compiled and reviewed by a chef. The food services satisfaction survey shows that residents and family are satisfied with the service. The food services system, which include a wide variety of attractive and nutritious meals, is newly implemented by Radius Residential Care Ltd.

Safe and Appropriate Environment

Residents are provided with safe, age appropriate and accessible areas to meet their needs. Residents, visitors and staff are protected from harm from exposure to waste, infectious or hazardous substances. Use of protective equipment and clothing is utilised. There is one improvement required in relation to providing chemical training for the maintenance person. The facility has secure storage for cleaning and laundry products and chemicals.

The facility has adequate internal spaces to promote residents' mobility and freedom of movement. Residents' rooms allow access with mobility aids, equipment and residents' personal furnishings.

Residents are provided with safe and hygienic cleaning and laundry services. The service undertakes all personal laundry service on site. Other laundry services are shared with two other Radius Residential Care facilities.

Residents are provided with adequate natural light, safe ventilation and an environment that is maintained at a safe and comfortable temperature. All bedrooms, bathrooms and communal areas have a call bell system. Fire evacuations are conducted six monthly and there is a current building compliance schedule.

Restraint Minimisation and Safe Practice

The organisation has implemented a policy for restraint minimisation and safe practice which minimises the use of restraint and ensures residents receive and experience services in the least restrictive manner. The senior registered nurse (RN) is the designated restraint co-ordinator. The facility has implemented strategies to reduce the need for restraint and at the time of this audit only a few residents have any form of approved restraint in use. Staff receive adequate training in managing challenging situations and monitor residents while using any form of approved restraint (ie, bed rails or lap belts). Potter Home maintains a restraint register of all current and past residents who have been approved for the use of restraint. Records show a significant reduction in the use of restraint at the facility in the

past twelve months. There are no required improvements within the Restraint Minimisation and Safe Practice Standard.

Infection Prevention and Control

The service and the environment minimise the risk of infection to residents, staff and visitors. The infection prevention and control programme is reviewed annually. The infection control co-ordinator has a signed position description which defines a process for gaining infection prevention and control advice and support and monitoring the progress of the infection prevention and control programme. Infection prevention and control policies and procedures are documented and implemented and accessible to all staff.

Staff education in infection prevention and control is conducted as per the in-service education and training record. Education is evaluated and content and attendance records are maintained. Policies record surveillance requirements. The infection control co-ordinator conducts surveillance on multi-resistant organisms associated with antimicrobial use. Staff and management take responsibility for surveillance activities and for the results of surveillance to be acted upon, evaluated and reported to management and staff. There are no required improvements within the Infection Prevention and Control Standard.