

Radius Residential Care Limited - Radius St Joan's Care Centre

CURRENT STATUS: 31-May-12

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

St Joan's Home & Hospital is part of the Radius Residential Care group. The service provides hospital, (medical and geriatric), rest home and residential disability (physical/intellectual) level of care for up to 99 residents. On the day of the audit there were 30 rest home residents, and 65 hospital residents.

The facility manager is a registered nurse with many years of aged care management experience. She is supported by a clinical manager and Radius regional manager. The organisation has adopted a quality approach towards service delivery and incorporating quality into all aspects of care. There is a quality and risk management system in place at St Joan's that is implemented and monitored and this generates improvements in practice and service delivery.

The following improvements are required by the service around closing the quality loop, aspects of human resource management, care planning documentation, medication management, restraint documentation and implementing a preventative maintenance plan.

AUDIT SUMMARY AS AT 31-MAY-12

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	Day of Audit 31-May-12	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	Day of Audit 31-May-12	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	Day of Audit 31-May-12	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	Day of Audit 31-May-12	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	Day of Audit 31-May-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		A number of shortfalls that require specific action to address

Infection Prevention and Control	Day of Audit 31-May-12	Assessment
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.		No short falls

AUDIT RESULTS AS AT 31-MAY-12

Consumer Rights

St Joan's has implemented policies and procedures to guide staff in ensuring residents rights are met. Information on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and National Advocacy services is provided to residents/family during the admission process. Individual cultural and spiritual needs are also considered during the assessment and planning process. There is an interdenominational service offered weekly. A Resident Support Worker has recently been employed to support resident advocacy and spiritual needs. There is an open disclosure and a number of areas that can be used for private discussion. Family interviewed felt informed of any changes in health status of their family member. St Joan's has an unrestricted visiting policy, and relatives verified residents continued with community activities. There is a complaints process in place that includes investigation.

Organisational Management

St Joan's has a number of organisational wide processes to monitor performance - updated in annual business planning documentation. There is a quality system that is being implemented in line with the Quality Plan (2012). Quality meetings occur monthly and standing agenda items include key aspects of service delivery such as policy, audit, complaints, health & safety, infection control and restraint. Information is seen to be reported to head office. While an audit programme is being implemented there is improvement required around corrective action close out and establishing corrective actions when trends are identified. There are resident meetings held every two months. Incidents are recorded and staff and resident/relatives interviewed confirmed family notification occurs following an incident. Monthly data collection is in place against predetermined indicators. There is a human resource manual to guide practice. There is an annual education programme and

records of attendance are maintained. There are improvements required around ensuring all staff have a current performance appraisal and completed orientation's on file. There is a documented rationale for staffing the service. Staffing rosters were sighted. Resident and family interviews informed care staff were responsive.

Continuum of Service Delivery

The service has a well-developed assessment process and residents needs are assessed prior to entry. There is an information pack available for residents/families/whānau at entry. Assessments, care plans and evaluations are completed by the registered nurses. Residents/relatives are involved in planning and evaluating care. Risk assessment tools and monitoring forms are available and implemented and are used to assess the level of risk and support required for residents. Service delivery plans demonstrate service integration. Short term care plans are in use for changes in health status. Care plans are evaluated six monthly or more frequently when clinically indicated. There are improvements required around updating care plan interventions to reflect current resident needs. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.

The motivational therapy team provide an activities programme that involves the wider community. Each resident has an individualised plan and activities are scheduled across the week.

The service medication management system follows recognised standards and guidelines for safe medicine management practice. Controlled medication balances are checked weekly. However, there are improvements required around expired medication, and oxygen therapy.

Meals are prepared on site. Food and fridge temperatures are recorded. Individual and special dietary needs are catered for. Residents interviewed responded favourably to the food that was provided.

Safe and Appropriate Environment

There was appropriate equipment sighted to facilitate safe care of hospital, rest home and residents with disability. The physical environment minimises risk of harm, the hospital units are spacious, homely and safe. There is adequate equipment provided to ensure the needs of residents are met. The building holds a current warrant of fitness. Electrical equipment is checked annually. Residents are able to bring their own possessions and are able to adorn their room as desired. There are a number of communal lounges, dining areas, communal bathrooms and two hospital wings have single en-suites. There is an improvement required around ensuring all preventative maintenance is documented. There are documented laundry services policies/procedures. There is a plentiful supply of protective equipment, gloves, and aprons. Appropriate training, information, and equipment for responding to emergencies is provided. There is an approved evacuation plan and fire drills are completed six monthly. The facility has civil defence kits and emergency management plans.

Restraint Minimisation and Safe Practice

There is a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There is a restraint register and an enablers register. Restraint assessments are based on information in the care plan, discussions with residents/relatives and on staff observations of residents. There is an improvement required around ensuing care plans clearly state the restraint required and the risks are documented.

Restraint is reviewed for each individual at least monthly and as part of the multidisciplinary review. Multidisciplinary reviews include family/whanau. St Joan's also reviews restraints and enablers at monthly restraint meetings and regional meetings. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

Infection Prevention and Control

St Joan's infection control management systems are well documented and implemented to minimise the risk of infection to consumers, staff and visitors. The infection control programme is monitored for effectiveness and linked to the quality risk management system. There is a comprehensive orientation and education programme for all staff. Infection rates are monitored and compared with other services within the organisation. The results are used to identify any shortfalls in care services and infection control practises.