

Radius Residential Care Limited - Radius St Winifreds Hospital

CURRENT STATUS: 21-Jun-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 Winifred's Hospital is part of the Radius residential care group. The service provides hospital, medical, psychogeriatric and physical disability service- (young person's) level of care for up to 94 residents. On the day of the audit there were 44 residents across the two psychogeriatric units and 44 residents across the two hospital units. The 94 residents also included eight residents under 'Young Person Disability' contracts (YPD).

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 Winifred's that is established, however further improvements are identified around effective implementation.

The following improvements are required by the service around closing the quality loop, hazard register update, incident reporting, care planning documentation and wound documentation, medication management, chemical storage, bathroom cleanliness, and restraint documentation.

AUDIT SUMMARY AS AT 21-JUN-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

Indicator	Description	Definition
	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
	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 21-Jun-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 21-Jun-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 21-Jun-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 21-Jun-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.		A number of shortfalls that require specific action to address

Restraint Minimisation and Safe Practice	Day of Audit 21-Jun-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 21-Jun-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 21-JUN-12

Consumer Rights

St Winifred's practice in accordance with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and copies of the Code are displayed through the facility. There is information available about the Nationwide Health and Disability Advocacy Service. Staff, residents and family verified the service is respectful of individual needs including cultural and spiritual beliefs. Cultural training is provided and individual values and beliefs are considered on admission and continuing through the care planning process. There are implemented policies at St Winifred's to protect residents from discrimination or harassment. Clinical policies are reviewed by the Clinical Management Committee at organisational level and there is a process in place to inform staff of policy change. There is an open disclosure and interpreters policy that staff understand. Family/friends are able to visit at any time and interviews verified on-going involvement with community activity is supported. There is a complaints policy supporting practice and an up to date register. Staff interviews confirmed an understanding of the complaints process.

Organisational Management

St Winifred's is part of the Radius group and as such, there are organisational wide processes to monitor performance. The service is managed by appropriately trained personnel and there is a suitable structure in place to oversee service delivery in the absence of the manager. There is a quality system that is being implemented in line with the Quality Plan (2012). Management and Risk Management meetings are used to monitor quality activities such as audit, complaints, health and safety, infection control and restraint. The areas of improvement in the quality system include ensuring obsolete forms are archived, developing corrective action plans following internal audit, and ensuring a current

hazard register is in place with risks being monitored regularly. There is an adverse event reporting system implemented at St Winifred's and monthly data collection monitors predetermined indicators. While data is collected there was no evidence of service improvement being undertaken when trends are beginning to appear. This is an area required for improvement. Family notification following a reported incident was not consistently being managed - this is also an area of improvement. There is a human resource manual to guide practice. There is an annual education programme and records of attendance are maintained. Eleven staff files were reviewed and five did not have a current appraisal, this is an area required for improvement. There is a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty match needs of different shifts. Resident information is kept confidential and old records are archived.

Continuum of Service Delivery

The service has a well-developed assessment process and resident's 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 and wound care documentation. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.

The activities 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 aspects of medication management including insulin documentation.

Meals are prepared on site by ACE services. 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, psychogeriatric and residents with disabilities. The physical environment minimises risk of harm, the four 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. The service has suffered some superficial earthquake damage and awaiting repairs. 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 two double rooms in one of the psychogeriatric units. 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. There is improvements required around safe storage of chemicals and bathroom cleanliness.

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. There are 16 residents requiring bedrails or lap belts and 13 residents with identified enablers. 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. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

Restraint is reviewed for each individual at least three monthly and as part of the multidisciplinary review. Multidisciplinary reviews include family/whanau. There is an improvement required by the service around ensuring the facility review of restraint use is clearly minuted.

Infection Prevention and Control

Radius St Winifred's has an Infection Control programme that complies with current best practice. There is a dedicated Infection Control (IC) Coordinator who has a role description. The IC Coordinator collates monitoring data and reports through to the Risk Management and Restraint meetings and outcomes are reported to staff through nursing and staff meetings. The IC Programme is reviewed annually. Infection Control education is provided at orientation and incorporated into the annual training programme. Training records were sighted. Education provided includes an evaluation of the session and content delivered. 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 IC Coordinator.