

Radius Residential Care Limited - Radius Taupaki Gables

CURRENT STATUS: 27-Jun-13

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 Taupaki Gables provides hospital and rest home level care for up to 60 residents. On the day of the audit there were 10 rest home and 47 hospital residents including two residents identified as young people with disabilities.

As part of this audit, the remaining current rest home rooms were also verified as suitable to provide rest home or hospital level care.

A nurse manager provides leadership for the service with support from a clinical support nurse and the regional manager who has an office at the service. The management team have extensive experience in aged care. There are registered nurses on each shift and caregivers are described by residents, family and the doctor as being caring and competent. The managers and doctor interviewed described excellent rapport with the DHB and geriatric services.

The service has continued to implement a quality and risk management system that includes health and safety, management of incidents, accidents, complaints, internal audits and indicators reported on monthly. There has been a recent review of all clinical policies to reflect current best practice.

All residents have an initial assessment and care plan completed and the long term care plan is developed and documented in partnership with residents and relatives. Short term plans are used as required and indicate that individual requirements are well attended to.

The general practitioner praised the service for the caring of staff and the ability to provide appropriate support and interventions. All residents and family interviewed praised the service for the support provided.

This audit has identified no required improvements by the service. The service is commended for achieving three continued improvement ratings in relation to good practice, quality improvement/risk management and the activities programme.

AUDIT SUMMARY AS AT 27-JUN-13

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 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
	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

Consumer Rights	Day of Audit 27-Jun-13	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.		All standards applicable to this service fully attained with some standards exceeded

Organisational Management	Day of Audit 27-Jun-13	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.		All standards applicable to this service fully attained with some standards exceeded

Continuum of Service Delivery	Day of Audit 27-Jun-13	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.		All standards applicable to this service fully attained with some standards exceeded

Safe and Appropriate Environment	Day of Audit 27-Jun-13	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.		Standards applicable to this service fully attained

Restraint Minimisation and Safe Practice	Day of Audit 27-Jun-13	Assessment
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

Infection Prevention and Control	Day of Audit 27-Jun-13	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.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 27-JUN-13

Consumer Rights

Radius Taupaki Gables displays posters and pamphlets describing the Code of Health and Disability Services Consumers' Rights (the Code). Information about resident rights is also provided on admission to the facility. There is a complaints management process that meets the requirements of Right 10 of the Code. Staff and residents are aware of the complaints process. Resident values and beliefs are discussed in the initial assessment phase following admission and are documented in resident files. Staff are trained in resident rights

and apply these in practice. Residents are encouraged to participate in community activities and members of the community visit the facility. Resident satisfaction surveys confirm that residents are satisfied or very satisfied that their rights, privacy and cultural needs are respected. Residents have the opportunity to participate in a regular residents' meeting. Residents and family members interviewed praised the service for excellent support provided.

A rating of continuous improvement has been given for good practice.

Organisational Management

Radius Taupaki Gables is managed by a nurse manager who has previously been the clinical manager in the service. The Radius quality philosophy is expressed in a range of facility based data that is collected and monitored. The programme includes accident and incident reporting, infection control surveillance, internal audits, review of policies and procedures and hazard identification and management. Oversight is provided at monthly staff/quality improvement meetings. Outcomes are shared with the staff. Corrective actions are issued as part of the audit process with evidence of resolution of any identified issues. A set of quality indicators are used by each Radius aged care facility to monitor trends and to benchmark against other Radius facilities. The nurse manager reports to the regional manager on a range of quality related activity. Risks are identified and addressed and include those related to clinical care, human resources, health and safety, the environment and financial management. These are reviewed annually in line with the end of the financial year at a facility and national level. Residents and their family members are involved in decisions relating to care provision.

Documented procedures are followed for the recruitment, orientation and monitoring of staff performance. Staff training takes the form of on-going in-service, attendance at external courses for the registered nurses and participation of caregivers in the Aged Care Education (ACE) programme. Regular in-service training for staff is well attended. Staffing levels follow documented acuity levels.

A rating of continuous improvement has been given for quality improvement and risk management.

Continuum of Service Delivery

The service has an admission policies. Service information is made available prior to entry and in the welcome pack given to the resident and family/whanau. Residents/relatives confirmed the admission process and that the agreement was discussed with them. Registered nurses are responsible for each stage of service provision.

The sample of residents' records reviewed provide evidence that the provider has systems to assess, plan and evaluate care needs of the residents. The residents' needs, interventions, outcomes/goals have been identified and these are reviewed with the resident and/or family/whanau input. Care plans are developed and demonstrate service integration and guide all staff in cares. Care plans are reviewed at least six monthly, or when there are changes in health status. Resident files include notes by the GP and allied health professionals.

Medicines are managed and policies reflect legislative requirements. Education and medicines competencies are completed by all staff responsible for administration of medicines. The medicines records reviewed include documentation of allergies and sensitivities and these are highlighted.

The activities programme is facilitated by an activities coordinator. The activities programme provides varied options and activities are enjoyed by the residents. Each resident has an individualised plan. Community activities are encouraged, van outings are arranged on a regular basis. There is a continuous improvement awarded for activities.

All food is cooked on site by the cook. All residents' nutritional needs are identified, documented and choices available and provided. Meals are well presented, homely and the menu plans have been reviewed by a dietitian.

Safe and Appropriate Environment

There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals are labelled and stored appropriately and there is appropriate protective equipment and clothing for staff. The building holds a current warrant of fitness and holds a current approved evacuation scheme.

The service provider's documentation evidences appropriate systems are in place to ensure the consumers' physical environment and facilities are appropriate for their purpose. Buildings, plant and equipment comply with legislation, and hot water temperatures are being monitored and recorded on a regular basis. Internal and external areas are safe for residents and family members. Residents interviewed state their room and equipment is well maintained and that they are able to move freely around the facility.

Documented systems are in place for essential, emergency and security services. The facility has civil defence kits. Staff interviews and files evidence current training in relevant areas. Alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

Restraint Minimisation and Safe Practice

There is a restraint 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 a register for enablers. There are currently no residents requiring restraints and six residents using enablers. Staff are trained in restraint minimisation and challenging behaviour.

Infection Prevention and Control

The nurse manager oversees the infection prevention and control programme and there is a designated infection control coordinator (registered nurse) who has received training appropriate to the role. There is a documented job description for the infection control coordinator and the monthly staff/quality meeting is the infection control meeting. The infection control coordinator is able to contact the DHB infection control nurse specialist or GP at any time for advice and information. The infection prevention and control policies are comprehensive and have been reviewed in 2013. A monthly infection prevention and control report is completed and reviewed as part of the review of indicators at the organisational

operational management team meeting. This allows information to be benchmarked throughout the organisation. Staff have annual infection control training and there are implemented internal audits around the environment and cleanliness that ensures that infection control is monitored.