

## Radius Residential Care Limited - Radius St Joans Hospital

**CURRENT STATUS: 08-Jul-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 St Joan's is part of the Radius Residential Care Group. St Joan's provides care at three service levels (hospital, rest home and residential disability - physical level care). On the day of the audit there were 43 residents receiving hospital level care and four receiving rest home level care and nine young people with disabilities.

The facility manager has been at the service for two weeks. She has had seven years' experience in the disability sector and has been working in aged care since 2007. She is a trained teacher and managed a facility for one year prior to this position. The facility manager is supported by the regional manager (a registered nurse) who has been managing the facility since the previous manager left. She is also supported by an experienced clinical manager (RN). Families and residents spoke highly of the care provided at St Joan's.

This audit has identified improvements required around consents, external areas, aspects of care planning documentation including progress notes, pain assessments, and medication documentation.

### AUDIT SUMMARY AS AT 08-JUL-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

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

Consumer Rights	Day of Audit 08-Jul-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

Organisational Management	Day of Audit 08-Jul-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.		<b>Standards applicable to this service fully attained</b>

Continuum of Service Delivery	Day of Audit 08-Jul-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

Safe and Appropriate Environment	Day of Audit 08-Jul-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 08-Jul-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>Standards applicable to this service fully attained</b>

<b>Infection Prevention and Control</b>	Day of Audit 08-Jul-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.		<b>Standards applicable to this service fully attained</b>

## **AUDIT RESULTS AS AT 08-JUL-13**

### **Consumer Rights**

Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information is made available to family on the services provided and on the Code of rights for residents at the time of admission. Consumer rights during service delivery are respectful of residents rights, facilitates choice, minimises harm and acknowledges cultural and individual values and beliefs. Information on the nationwide advocacy service is available in the entranceway to the facility. The service has policy to support rights such as privacy, abuse/neglect, culture, complaints, advocacy and informed consent. Service planning accommodates individual choices of residents. Policies for culturally safe services are in place and identify the importance of whanau for Maori. Interviews confirmed the service promotes residents independence in activities of daily living. Residents access services and resources within the community as appropriate and/or requested. There are improvements required around Enduring Power of Attorneys (EPOA) documentation.

### **Organisational Management**

St Joan'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 business plan (2013). Quality improvement meetings are used to monitor quality activities such as internal audits, complaints, health and safety, infection control and restraint. There is an adverse event reporting system implemented at St Joan's and monthly data collection monitors predetermined indicators. There is a human resource manual to guide practice. There is an annual education programme and records of attendance are maintained. 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 an admission policy and process. 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.

A registered nurse assesses and reviews residents' needs, interventions, outcomes and goals with the resident and/or family/whanau input. Care plans are developed and demonstrate service integration and are reviewed at least six monthly. Resident files include notes by the GP and allied health professionals. There are improvements required around aspects of documentation including pain assessments, progress notes and neuro-ob monitoring.

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. There is an improvement required around transcribing of medication and signing sheet documentation.

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 a comprehensive individualised plan. Community activities are encouraged, van outings are arranged on a regular basis.

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

### **Safe and Appropriate Environment**

There are documented processes for the management of waste and hazardous substances in place and incidents are reported on in a timely manner. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Appropriate legislative requirements are met. Protective equipment and clothing is provided and used by staff. The service documentation provides evidence there are appropriate systems in place to ensure the residents physical environment and facilities are fit for their purpose. There is a current building warrant of fitness. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. There is compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals. Documented systems are in place for essential, emergency and security services. Staff interviews detailed current training in relevant areas. There are alternative energy and utility sources are maintained and security systems are in place. A staff with a current first aid certificate is always on duty. The home is warm and bedrooms personalised. Maintenance is routinely carried out by the service. Advised that upgrading to aspects of the facility are commencing

August 2013. There are improvements required around an internal courtyard pathway being uneven and in need of repair, and deadly nightshade in the garden needing to be removed .

### **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 three residents with restraints and three residents using enablers. Staff are trained in restraint minimisation and challenging behaviour.

### **Infection Prevention and Control**

Radius St Joan's has an infection control programme that complies with current best practice. There is a dedicated infection control coordinator who has a role description. The infection control coordinator collates monitoring data and reports through to the quality improvement meetings and outcomes are reported to staff through nursing and staff meetings. The infection control 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 infection control coordinator.