

Radius Residential Care Limited - Radius Kensington

Current Status: 9 October 2014

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

General overview

Radius Kensington is a Radius Residential Care facility, situated in Hamilton. The service currently provides care for up to 92 residents at hospital, rest home and residential disability level care. On the day of the audit there were 30 hospital residents and 25 rest home residents including six residents under 65 years old.

This partial provisional audit included verifying the conversion of 19 current beds into a dementia unit and the services readiness to provide dementia level care. Radius Kensington have been proactive in preparing for the dementia unit and have developed quality objectives and strategy plans around the implementation of the unit.

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital/medical and dementia level care. This partial provisional audit identified that the environment, draft rosters and processes are appropriate for providing dementia level care and in meeting the needs of the residents.

This audit has not identified any improvements required.

HealthCERT Aged Residential Care Audit Report (version 4.2)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under the Health and Disability Services (Safety) Act 2001 for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

It is important that auditors restrict their editing to the content controls in the document and do not delete any content controls or any text outside the content controls.

Audit Report

Legal entity name:	Radius Residential Care Limited		
Certificate name:	Radius Residential Care Limited		
Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited		
Types of audit:	Partial Provisional Audit		
Premises audited:	Radius Kensington		
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical		
Dates of audit:	Start date: 9 October 2014	End date: 9 October 2014	
Proposed changes to current services (if any):	The service is converting 19 beds previously used for rest home or hospital level care to secure dementia care beds.		
Total beds occupied across all premises included in the audit on the first day of the audit:			55

Audit Team

Lead Auditor	XXXXX	Hours on site	4	Hours off site	2
Other Auditors		Total hours on site		Total hours off site	
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXXX			Hours	1

Sample Totals

Total audit hours on site	4	Total audit hours off site	3	Total audit hours	7
Number of residents interviewed		Number of staff interviewed	0	Number of managers interviewed	4
Number of residents' records reviewed	0	Number of staff records reviewed	3	Total number of managers (headcount)	4
Number of medication records reviewed	0	Total number of staff (headcount)	57	Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

Declaration

I, XXXXXX, Director of Christchurch of Health & Disability Auditing New Zealand Ltd hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of Health and Disability Auditing New Zealand Limited	Yes
b)	Health and Disability Auditing New Zealand Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	Health and Disability Auditing New Zealand Limited has developed the audit summary in this audit report in consultation with the provider	Yes
d)	this audit report has been approved by the lead auditor named above	Yes
e)	the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook	Yes
f)	if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider	Not Applicable
g)	Health and Disability Auditing New Zealand Limited has provided all the information that is relevant to the audit	Yes
h)	Health and Disability Auditing New Zealand Limited has finished editing the document.	Yes

Dated Monday, 13 October 2014

Executive Summary of Audit

General Overview

Radius Kensington is a Radius Residential Care facility, situated in Hamilton. The service currently provides care for up to 92 residents at hospital, rest home and residential disability level care. On the day of the audit there were 30 hospital residents and 25 rest home residents including six residents under 65 years old. This partial provisional audit included verifying the conversion of 19 current beds into a dementia unit and the services readiness to provide dementia level care.

Radius and Kensington have been proactive in preparing for the dementia unit and have developed quality objectives and strategy plans around the implementation of the unit.

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital/medical and dementia level care. This partial provisional audit identified that the environment, draft rosters and processes are appropriate for providing dementia level care and in meeting the needs of the residents. This audit has not identified any improvements required.

Outcome 1.2: Organisational Management

Kensington 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. There is a quality system that is being implemented in line with the business plan (2014). There is a human resource manual to guide practice. There is an annual education programme and records of attendance are maintained. Three staff files were reviewed and all have a current appraisal and show human resource practices are followed. All staff who will work in the dementia unit are already employed in the existing home and all have completed the required dementia standards. Additionally the clinical nurse manager and manager have been attending Radius Midlands dementia groups and have taken part in a behaviour management programme. All staff have also had recent training in dementia care and the management of challenging behaviours. A draft roster has been developed, initially for up to five residents and then for up to 19 residents.

Outcome 1.3: Continuum of Service Delivery

The service has a large workable kitchen that contains a walk-in chillier and already caters for up to 92 residents. The menu is designed and reviewed by a registered dietitian at an organisational level. There is a four week rolling menu. Residents have had a nutritional profile developed on admission. There is a process in place to ensure changes to residents' dietary needs are communicated to the kitchen. Regular audits of the kitchen occur. Fridge/freezer temperatures and food temperatures are undertaken daily and documented. The service intends to operate a buffet breakfast in the dementia unit and have finger foods available throughout the evening. There will be fruit bowls and additional snacks available at all times.

There are appropriate policies and processes implemented around medication management. There is a large medication cupboard in the wings. Staff who administer medication have been assessed as competent to do so. The service has a contract with the pharmacy and uses four weekly robotic sachets. A medication trolley has been purchased for the new unit.

Outcome 1.4: Safe and Appropriate Environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. Staff will be trained in waste management. The incident reporting process includes investigation of these types of incidents. There is appropriate protective equipment and clothing for staff.

The new unit is a 'u' shape with three sides facing onto a large deck area. The building complies with legislation. There have been no structural changes to the building so the existing, current building warrant of fitness and New Zealand Fire Service approved evacuation scheme remain valid. The dementia unit is suitably furnished with hospital beds, chairs and suitable equipment. Residents are able to bring their own possessions into the home and are able to adorn their room as desired. Seven rooms have

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

NZS 8134.1:2008: Health and Disability Services (Core) Standards

Outcome 1.2: Organisational Management

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

Standard 1.2.1: Governance (HDS(C)S.2008:1.2.1)

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Attainment and Risk: FA

Evidence:

Radius Kensington is a Radius Residential Care facility, situated in Hamilton. The service currently provides care for up to 92 residents at hospital, rest home and residential disability level care. On the day of the audit there were 30 hospital residents and 25 rest home residents including six residents under 65 years old. This partial provisional audit included verifying the conversion of 19 current beds for a dementia unit and assessing the provider's readiness to provide dementia level care.

Radius and Kensington have been proactive in preparing for the dementia unit and have developed quality objectives and strategy plans around the implementation of the unit.

The facility manager reports monthly to the regional manager on a range of operational matters in relation to Kensington including strategic and operational issues, incidents and accidents, complaints, health and safety. Radius mission statement states that:

"We deliver a quality lifestyle with an innovative approach to care that enables us to maintain the wellbeing, dignity and independence of our residents"

Radius has an organisational philosophy, which includes vision, mission statement & objectives including quality/risk management framework & process policy. Annual business quality/risk management plans are in place (sighted 2014). A quality/risk management plan for 2014 has been developed for Radius Residential Care and Kensington has developed site specific objectives including:

1. Clinical and Operational key performance indicators
2. Clinical effectiveness
3. Consumer participation
4. Workforce effectiveness
5. Risk management
6. Taking ownership of the business and services provided
7. Effective financial leadership and management
8. Cost containment and reduction.

In preparation for the opening of the unit the clinical manager and manager have taken part in the Radius Midlands dementia groups and in the DHB Midlands, Bay of Plenty, Taranaki and Gisborne dementia groups including the behaviour management projects.

The service has a documented structure that supports continuity of management and care delivery. The facility manager is a registered nurse with many years' experience in aged care management and has been at Kensington for one year. She is supported by a clinical nurse manager who is new to the service and the Waikato Operations manager (also a registered nurse). Additionally the regional manager (a registered nurse) provides support. She oversees six Radius facilities including three with existing dementia units.

ARC E2.1, The philosophy of the service also includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states.

ARC, D17.3di (rest home), D17.4b (hospital), The facility manager and has maintained at least eight hours annually of professional development activities related to management including attendance at Radius managers conferences.

Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.1.3 (HDS(C)S.2008:1.2.1.3)

The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.2: Service Management (HDS(C)S.2008:1.2.2)

The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.

ARC D3.1; D19.1a; E3.3a ARHSS D3.1; D4.1a; D19.1a

Attainment and Risk: FA

Evidence:

D19.1a; A review of the documentation, policies and procedures and from discussion with staff identifies that the service operational management strategies, quality and risk management programme which includes culturally appropriate care, is to minimize risk of unwanted events and enhance quality of service delivery for residents and other stakeholders.

In the temporary absence of the manager, the clinical nurse manager fulfils the operational duties with support from the Waikato operations manager. The clinical nurse manager has management experience and is taking a leadership role at Kensington in quality including health and safety. She is able to describe the role of providing leadership in the absence of the manager with the support of the regional and Waikato operations managers.

Criterion 1.2.2.1 (HDS(C)S.2008:1.2.2.1)

During a temporary absence a suitably qualified and/or experienced person performs the manager's role.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.7: Human Resource Management (HDS(C)S.2008:1.2.7)

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

Attainment and Risk: FA

Evidence:

A register of registered nurse practising certificates is maintained within the facility. The current general practitioners' registrations are printed from the professional body's website. Kensington has a contract with a GP and a nurse practitioner to provide services. These people already provide services to Kensington (contracts sighted). Allied health practitioners are asked to provide evidence of registration as appropriate (for example, physiotherapist and podiatrist) and a copy is retained by the facility.

There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Three staff files reviewed all had completed reference checks, orientation and up to date appraisals.

Kensington has in place a comprehensive orientation/induction programme that provides new staff with relevant information for safe work practice. It is tailored specifically to each position.

The 2014 in-service programme is being implemented. A review of staff training records identified good attendance.

Registered nurses are supported to maintain their professional competency. Staff training records are maintained.

E4.5d: The orientation programme is relevant to the dementia unit and includes a session how to implement activities and therapies.

E4.5f: All staff to work in the dementia unit are currently employed in the service and all health care assistants have completed the ACE dementia modules.

Criterion 1.2.7.2 (HDS(C)S.2008:1.2.7.2)

Professional qualifications are validated, including evidence of registration and scope of practice for service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.3 (HDS(C)S.2008:1.2.7.3)

The appointment of appropriate service providers to safely meet the needs of consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.4 (HDS(C)S.2008:1.2.7.4)

New service providers receive an orientation/induction programme that covers the essential components of the service provided.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.5 (HDS(C)S.2008:1.2.7.5)

A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.8: Service Provider Availability (HDS(C)S.2008:1.2.8)

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Attainment and Risk: FA

Evidence:

The staffing levels and skills mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale.

There is a clinical nurse manager Monday to Friday and there will be a registered nurse who works 40 hours per week once the unit has more than 10 residents. Once the unit opens and until there are ten residents a registered nurse will work in the dementia unit for four hours each afternoon, with additional support from the clinical nurse manager and nurses within the facility.

In the dementia unit (from opening until there are five residents), there is one healthcare assistant rostered each shift with support by the rest home/hospital as required. This will increase to two healthcare assistants on a morning and afternoon shift once numbers are above five. Healthcare assistants in the dementia unit also provide activities to their residents with support by the activity team until there are five residents after which time an activities coordinator will also be removed from the existing facility (there are currently three employed).

Criterion 1.2.8.1 (HDS(C)S.2008:1.2.8.1)

There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Outcome 1.3: Continuum of Service Delivery

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.

Standard 1.3.12: Medicine Management (HDS(C)S.2008:1.3.12)

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i.i.2; D18.2; D19.2d

Attainment and Risk: FA

Evidence:

The service uses individualised robotic sachets. The medications are delivered monthly and checked in by a registered nurse. Medication reconciliation is completed on admission and the policy includes guidelines on checking on arrival. Any discrepancies are fed back to the pharmacy. A robotic medication trolley has been purchased for the dementia unit and there is a large walk in, keypad locked cupboard for medication storage, where the trolley is kept. Controlled drugs and refrigerated medications will be stored in the existing treatment room located just outside the door of the dementia unit. Registered nurses and senior healthcare assistants are competency assessed annually. Medication education is attended annually. Controlled drugs are stored in the hospital controlled drugs safe. Medication fridge temperatures are monitored weekly. The service has in place policies and procedures for ensuring all medicine related recording and documentation.

Criterion 1.3.12.1 (HDS(C)S.2008:1.3.12.1)

A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.3 (HDS(C)S.2008:1.3.12.3)

Service providers responsible for medicine management are competent to perform the function for each stage they manage.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.5 (HDS(C)S.2008:1.3.12.5)

The facilitation of safe self-administration of medicines by consumers where appropriate.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.6 (HDS(C)S.2008:1.3.12.6)

Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.

Attainment and Risk: FA

Evidence:

Finding:**Corrective Action:****Timeframe (days):** *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)***Standard 1.3.13: Nutrition, Safe Food, And Fluid Management (HDS(C)S.2008:1.3.13)**

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

Attainment and Risk: FA**Evidence:**

There is currently two cooks and five kitchen hands in the large commercial kitchen that already caters for the up to 92 residents. The service has a large workable kitchen that was designed to meet the needs of the maximum number of residents. The menu is designed and reviewed by a registered dietitian at an organisational level, and was last reviewed in May 2014.

Diets are modified as required. There is a choice of foods and the kitchen can cater to specific cultural requests if needed. Kitchen fridge, food and freezer temperatures are monitored and documented daily.

Special diets, resident's likes, dislikes and allergies are relayed to the kitchen.

Food is to be transported by kitchen staff to the dementia wing in bain maries and served to residents from the bain marie's in the servery/kitchenette in the unit.

The service intends to operate a buffet breakfast in the dementia unit and have finger foods available throughout the evening. There will be fruit bowls and additional snacks available at all times.

The kitchen in the special care unit is open plan and the hot water is secured. There are also other lockable cupboards.

Food temperatures are conducted before food is sent out of the main kitchen.

The spacious dining area allows residents to wander with a sense of homeliness with the open kitchenette.

All residents admitted have a nutritional profile, which is provided to the kitchen. This is to be reviewed six monthly as part of the care plan review or as needs change. The chef described how changes to residents' dietary needs are communicated to the kitchen.

Special diets and resident likes/dislikes are noted on the kitchen notice board.

E3.4f: There is a fridge in the dementia unit for extra food to be stored. The dining area is large enough to allow for use of mobility equipment and the movement of residents.

Regular audits of the kitchen fridge/freezer temperatures and food temperatures are undertaken and documented as part of the internal audit programme. Food in the pantry is kept off the ground. Food in the fridge and chiller is covered and dated. Food safety in-service training is conducted.

Criterion 1.3.13.1 (HDS(C)S.2008:1.3.13.1)

Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.13.2 (HDS(C)S.2008:1.3.13.2)

Consumers who have additional or modified nutritional requirements or special diets have these needs met.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.13.5 (HDS(C)S.2008:1.3.13.5)

All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures 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.

Standard 1.4.1: Management Of Waste And Hazardous Substances (HDS(C)S.2008:1.4.1)

Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.

ARC D19.3c.v; ARHSS D19.3c.v

Attainment and Risk: FA

Evidence:

There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a locked cleaner's room/cupboard and sluice in the dementia unit.

Gloves, aprons, and goggles have been purchased and are installed in the sluice and cleaners cupboards. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of personal protective equipment (PPE) is included in the all employees induction programme.

Criterion 1.4.1.1 (HDS(C)S.2008:1.4.1.1)

Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.1.6 (HDS(C)S.2008:1.4.1.6)

Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.2: Facility Specifications (HDS(C)S.2008:1.4.2)

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Attainment and Risk: FA

Evidence:

The new dementia unit is a part of the existing building which has been partially refurbished to meet the needs of dementia residents. Access is via two keypad doors from the existing hospital/rest home. The new unit is a 'u' shape with three sides facing onto a large deck area. The building complies with legislation. There have been no structural changes to the building so the existing, current building warrant of fitness and New Zealand Fire Service approved evacuation scheme remain valid. The dementia unit is suitably furnished with hospital beds, chairs and suitable equipment. Residents are able to bring their own possessions into the home and are able to adorn their room as desired. Seven rooms have ensuites and there are two communal toilets and two communal showers. There is a large dining area, a lounge and a smaller quiet area. There is a large outdoor deck that is off the dining area through large sliding doors. There are handrails in en-suites and hallways on each floor. All rooms and communal areas allow for safe use of mobility equipment. Resident rooms are of appropriate size to ensure safety is not compromised. There is a transportation of resident's policy, which provided guidelines for managing resident and staff safety.

Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment. Hot water temperature monitoring has commenced on all floors.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids. Transfer of residents between rooms can be accommodated by ambulance stretcher if necessary.

The living areas, consisting of lounge and dining areas and hallways are spacious and allow maximum freedom of movement while promoting the safety of residents who are likely to wander and the use of mobility equipment.

E3.4a; The centrally located nurse station directly off the open plan aspect of the dining area, ensures that staff can supervise residents when doing paper-work. The roster has been designed to ensure supervision of the lounge. There is plenty of natural light with large windows.

Criterion 1.4.2.1 (HDS(C)S.2008:1.4.2.1)

All buildings, plant, and equipment comply with legislation.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.2.4 (HDS(C)S.2008:1.4.2.4)

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.2.6 (HDS(C)S.2008:1.4.2.6)

Consumers are provided with safe and accessible external areas that meet their needs.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.3: Toilet, Shower, And Bathing Facilities (HDS(C)S.2008:1.4.3)

Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.

ARC E3.3d ARHSS D15.3c

Attainment and Risk: FA
Evidence: Seven resident's rooms have a private en-suite which have access to a hand basin and paper towels. There are also two well-placed communal toilets off the communal corridors and two large showers. There are adequate numbers of toilets and showers with access to a hand basin and paper towels.

Criterion 1.4.3.1 (HDS(C)S.2008:1.4.3.1)

There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.

Attainment and Risk: FA
Evidence:
Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.4: Personal Space/Bed Areas (HDS(C)S.2008:1.4.4)

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

ARC E3.3b; E3.3c ARHSS D15.2e; D16.6b.ii

Attainment and Risk: FA

Evidence:

Residents rooms are single and of a generous size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in bedrooms and en-suites.

Criterion 1.4.4.1 (HDS(C)S.2008:1.4.4.1)

Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining (HDS(C)S.2008:1.4.5)

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.

ARC E3.4b ARHSS D15.3d

Attainment and Risk: FA

Evidence:

The unit has a large dining/ living area and a separate lounge in another part of the unit with access through corridors or across the deck between the two. E3.4b; The living area and hallways are spacious and allow maximum freedom of movement while promoting the safety of residents who are likely to wander.

Criterion 1.4.5.1 (HDS(C)S.2008:1.4.5.1)

Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.6: Cleaning And Laundry Services (HDS(C)S.2008:1.4.6)

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.

ARC D15.2c; D15.2d; D19.2e ARHSS D15.2c; D15.2d; D19.2e

Attainment and Risk: FA

Evidence:

The organisation provides housekeeping and laundry policies and procedures which are robust and ensure all cleaning and laundry services are maintained and functional at all times. There is an employed laundry person daily. The laundry and cleaning staff and facilities are already sufficient to cater for the number of residents as the capacity is not increasing. The laundry is in the service area and has an entrance for dirty laundry and an exit for clean. The laundry is large and has commercial washing machines and dryers. The Ecolab manual includes instructions for cleaning. Linen is transported to the laundry in covered linen trolleys. Radius has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are completed as per the internal audit programme. The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Material safety data sheets are available and displayed in the cleaning cupboards, laundry and sluices. The laundry and cleaning areas have hand-washing facilities.

Criterion 1.4.6.2 (HDS(C)S.2008:1.4.6.2)

The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.6.3 (HDS(C)S.2008:1.4.6.3)

Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.7: Essential, Emergency, And Security Systems (HDS(C)S.2008:1.4.7)

Consumers receive an appropriate and timely response during emergency and security situations.

ARC D15.3e; D19.6 ARHSS D15.3j; D19.6

Attainment and Risk: FA

Evidence:

There are manuals and flip charts that includes (but not limited to) dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. Fire drills are scheduled for staff during induction and six monthly and last occurred in June 2014. As the dementia unit is part

of the existing facility evacuation plans have not changed. The NZ Fire Service approved the evacuation plan on 16 November 2000. Smoke alarms, sprinkler system and exit signs in place.

Emergency procedures are included in orientation. All registered nurses have current first aid certificates.

D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included.

The service has alternative cooking facilities (gas cooker) available in the event of a power failure. Battery operated emergency lighting is in place for two hours. There are also extra blankets available. There is a civil defence kit for the whole facility and stored water.

Call bells are evident in resident's rooms, lounge areas, and toilets/bathrooms.

Due to the large size of resident rooms, a wireless call bell system has been installed so that call bells are in reach of residents sitting in armchairs in their rooms.

There is a call bell system for staff to alert each other or for residents to summon staff if they are able.

The entire facility is secured at night. The service utilises security cameras and an intercom system. .

Criterion 1.4.7.1 (HDS(C)S.2008:1.4.7.1)

Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.7.3 (HDS(C)S.2008:1.4.7.3)

Where required by legislation there is an approved evacuation plan.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.7.4 (HDS(C)S.2008:1.4.7.4)

Alternative energy and utility sources are available in the event of the main supplies failing.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.7.5 (HDS(C)S.2008:1.4.7.5)

An appropriate 'call system' is available to summon assistance when required.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.7.6 (HDS(C)S.2008:1.4.7.6)

The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.8: Natural Light, Ventilation, And Heating (HDS(C)S.2008:1.4.8)

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

ARC D15.2f ARHSS D15.2g

Attainment and Risk: FA

Evidence:

General living areas and resident rooms are appropriately heated and ventilated. There is radiator heating in the unit that heats all areas and can be adjusted to individual residents needs by staff. All rooms have external windows.

Criterion 1.4.8.1 (HDS(C)S.2008:1.4.8.1)

Areas used by consumers and service providers are ventilated and heated appropriately.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.8.2 (HDS(C)S.2008:1.4.8.2)

All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

NZS 8134.3:2008: Health and Disability Services (Infection Prevention and Control) Standards

Standard 3.1: Infection control management (HDS(IPC)S.2008:3.1)

There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA

Evidence:

There is an infection control (IC) programme for 2014 that includes documented goals, success factors, education, surveillance and antimicrobial usage. The programmes content and detail is appropriate for the size and complexity of the services. There are IC policies that meet the Infection Control Standard SNZ HB 8134.3.1.2008. Annual review of the programme occurred at an organisational level in July 2014.

The IC programme is reviewed annually for the Radius group with the content and detail being designed to be appropriate for the size and complexity of the organisation. The facility manager and IC coordinator are responsible for the development of site specific IC goals.

The IC coordinator could describe how an outbreak would be managed and reported. There are guidelines and staff health policies for staff to prevent the spread of infection. These include, but not limited to; outbreak management policy and flow chart, pandemic plan and policy, food handlers sickness policy and hand hygiene policy.

Criterion 3.1.1 (HDS(IPC)S.2008:3.1.1)

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.1.3 (HDS(IPC)S.2008:3.1.3)

The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.1.9 (HDS(IPC)S.2008:3.1.9)

Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.5.7 (HDS(IPC)S.2008:3.5.7)

Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.

Attainment and Risk: Not Audited

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*