

Radius Residential Care Limited - Radius Taupaki Gables

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of 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).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Radius Taupaki Gables

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 21 September 2015 End date: 21 September 2015

Proposed changes to current services (if any): Since the previous audit the service has commenced providing residential disability (physical) level of care.

Total beds occupied across all premises included in the audit on the first day of the audit: 59



Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

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

General overview of the audit

Radius Taupaki Gables is part of the Radius Residential Care Group. Taupaki Gables cares for up to 60 residents requiring hospital and rest home level care and residential disability (physical) support. On the day of the audit, there were 59 residents. There are no residents under the medical aspect of the contract.

The nurse manager is a registered nurse and has been in the role for three years. She is supported by a clinical coordinator (an enrolled nurse) and the Radius regional manager.

Residents and family interviewed spoke positively about the service provided.


Neither the previous audit nor this audit has identified any areas requiring improvement. The service continues to exceed the standard around quality management and the activities programme.

Consumer rights

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.		Standards applicable to this service fully attained.
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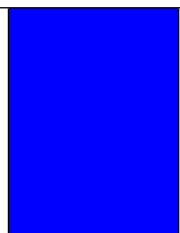
There is evidence that residents and family are kept informed. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

Organisational management

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.		Standards applicable to this service fully attained.
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Services are planned, coordinated and are appropriate to the needs of the residents. A nurse manager is responsible for the day-to-day operations of the facility. Quality and risk management processes are maintained, reflecting the principals of continuous quality improvement. Strategic plans and quality goals are documented and regularly reviewed. Corrective action plans are implemented where opportunities for improvement are identified. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and robust health and safety processes. Adverse, unplanned and untoward events are responded to in an appropriate and timely manner. Human resources are managed in accordance with good employment practice, meeting legislative requirements. An orientation programme is in place for new staff. The education and training programme for staff is embedded into practice. Registered nursing cover is provided twenty-four hours a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe.

Continuum of service delivery

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.
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On admission, the registered nurses complete initial assessments and risk assessment tools. Registered nurses are responsible for care plan development with input from residents and family. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are managed and administered in line with legislation and current regulations. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

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.
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A current building warrant of fitness is posted in a visible location.

Restraint minimisation and safe practice

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.
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The service has alternative systems available so that staff can use restraint as a last resort strategy. There were three hospital level residents voluntarily using bedrails as enablers on the day of the audit. Care plans include reference to the use of enablers. No residents were using restraints.

Infection prevention and control

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.

Taupaki Gables has an infection control programme that complies with current best practice. 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.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	15	0	0	0	0	0
Criteria	2	37	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are accessible to residents and family. Information about complaints is provided on admission. Interviews with five residents (one hospital level and four rest home level) and family members confirmed their understanding of the complaints process. Care staff interviewed (three healthcare assistants, three registered nurses and one activities coordinator) were able to describe the process around reporting complaints.</p> <p>The complaints register includes verbal and written complaints, with evidence to confirm that complaints are being managed in a timely manner including acknowledgement, investigation, meeting timelines, corrective actions when required, and resolutions.</p> <p>Twenty-one complaints received in 2015 (year to date) were managed within the required timeframes as determined by the Health and Disability Commissioner. Complaints listed include feedback received on satisfaction surveys. Complaints are linked to the quality and risk management system.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers</p>	FA	<p>An open disclosure policy describes ways that information is provided to residents and families. The admission pack contains a comprehensive range of information regarding the scope of service provided to the resident and their family on entry to the service and any items they have to pay that is not covered by</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>the agreement. Regular contact is maintained with family, including if an incident or care/health issues arises. Three families (two from the hospital and one from the rest home) interviewed, stated they were kept well informed. Fifteen incident/accident forms were reviewed and identified that the next of kin were contacted or if not, justification as to why. Residents' meetings are held two monthly.</p> <p>The service can access interpreter services through the Waitemata District Health Board. The information pack is available in large print and can be read to residents. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Radius Taupaki Gables is part of the Radius Residential Care Group. Taupaki Gables cares for up to 60 residents requiring hospital and rest home level care and residential disability (physical) support. All rooms can be used for either hospital or rest home level care. On the day of the audit, there were 16 rest home level residents and 43 hospital residents. This included four residents on young persons with disabilities contracts, two on long-term chronic conditions contracts and one resident under 65 years old on an Accident Compensation Corporation contract. There are no residents under the medical aspect of the contract.</p> <p>The Radius Taupaki Gables business plan April 2014 to March 2017 is linked to the Radius Care Group strategies and business plan targets. The mission statement is included in information given to new residents. An organisational chart is in place. Comprehensive quarterly reviews are undertaken to report on achievements towards meeting business goals.</p> <p>The nurse manager has been in the role for three years, having been the clinical manager in the service for eight years prior to that. She is a registered nurse and is supported in the management role by a regional manager and the clinical coordinator/enrolled nurse (EN).</p> <p>The nurse manager has maintained more than eight hours of professional development activities related to managing an aged care facility.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality</p>	<p>FA</p>	<p>A robust quality and risk management system is in place. Policies and procedures reflect evidence of regular reviews as per the document control schedule. New and/or revised policies are made available for staff to read and sign that they have read and understand the changes. Policies and procedures have been updated to reflect the implemented InterRAI procedures.</p> <p>The monthly collation of quality and risk data includes monitoring clinical effectiveness, work effectiveness, risk management/falls, and consumer participation. Data is collated and benchmarked against other Radius facilities. A resident satisfaction survey is conducted each year. Results for 2015 reflected high levels of resident satisfaction with the services received. An annual internal audit schedule confirmed</p>

improvement principles.		<p>audits are being completed as per the schedule. Corrective actions are developed where opportunities for improvements are identified. There is evidence of corrective actions being communicated to all staff and regularly evaluated. They are signed off by management when completed.</p> <p>Quality initiatives reflect a culture of continuous quality improvement. Systems are in place to measure outcomes and evaluate progress, achieving a continued rating of continuous improvement.</p> <p>Falls reduction strategies include staff knowing the residents who are at risk, managing challenging behaviours effectively, adhering to residents' routines and anticipating their needs, and intentional rounding with frequencies determined by the resident's risks of falling. All healthcare assistants utilise transfer belts to minimise resident harm from falls.</p> <p>Processes are in place for accident and incident reporting, injury prevention and management, workplace inspections, and hazard management. The facility has achieved tertiary level ACC Workplace Safety Management Practice (WSMP).</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The service collects a comprehensive set of data relating to adverse, unplanned and untoward events. This includes the collection of incident and accident information. The reporting system is integrated into the quality and risk management programme. Once incidents and accidents are reported, the immediate actions taken are documented on incident forms. The incidents forms are then reviewed and investigated by the registered nurse. If risks are identified these are processed as hazards using a hazard identification form. Accidents and incidents are firmly embedded into quality and risk management systems.</p> <p>A discussion with the nurse manager has confirmed her awareness of statutory requirements in relation to essential notification.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are job descriptions available for all relevant positions that describe staff roles, responsibilities and accountabilities. The practising certificates of health professionals are current. Five staff files were reviewed. Evidence of signed employment contracts, job descriptions, orientation, and training were available for sighting. Annual performance appraisals for staff were completed in files sampled. Newly appointed staff complete an orientation that is specific to their job duties. Interviews with care staff described the orientation programme that includes a period of supervision.</p> <p>The service has a training policy and schedule for in-service education. The in-service schedule is implemented and attendance is recorded. All staff completes a range of competency assessments. Ten of thirty healthcare assistants have achieved their Aged Care Education (ACE) advanced qualification and five have achieved their ACE foundation qualification. Three of nine registered nurses have completed their</p>

		InterRAI training, two are completing their final InterRAI assessment and one RN begins her training in one week. All registered nurses have current first aid/CPR certificates.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The nurse manager is a registered nurse and the clinical coordinator is an enrolled nurse. Nine permanent staff (RNs) and one casual staff (RN) are employed. A minimum of one staff RN is scheduled 24 hours a day, seven days a week.</p> <p>Staff reported that staffing levels and the skill mix was appropriate and safe. All families interviewed advised that they felt there was sufficient staffing. The roster is able to be changed in response to resident acuity.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>An RN checks medications against the doctor's medication profile on arrival from the pharmacy. Any mistakes by the pharmacy are regarded as an incident.</p> <p>Designated staff are listed on the medication competency register which shows signatures/initials to identify the administering staff member. Two registered nurses were observed safely and correctly administering medications.</p> <p>Resident medication charts are identified with demographic details and photographs. The fridges that medications are kept in have daily temperature checks. All 10 medication charts had allergies (or nil known), documented.</p> <p>All medications are stored appropriately.</p> <p>One resident self-administers medication. A competency assessment has been completed.</p> <p>Seven of eight medication charts reviewed (one resident had been at the service less than three months), identified that the GP had reviewed the resident three monthly and the medication chart was signed. All 10 medication charts indicate medication is being administered as prescribed. All medication charts document the indication for giving the PRN medication. All eye drops were dated on opening.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food,</p>	FA	<p>The service has a large workable kitchen. The kitchen and the equipment are well maintained. The service employs sufficient kitchen staff to provide meal services over seven days a week. There is a rotating four weekly menu in place that is designed by a dietitian. Diets are modified as required. There is a choice of foods and the kitchen can cater to specific requests if needed.</p>

<p>fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>Food safety information and a kitchen manual is available in the kitchen. Food served on the day of audit was hot and well presented.</p> <p>The residents interviewed spoke positively about meals provided and they all stated that staff asks them about their food preferences.</p> <p>The service has a process of regular checking of food in both the fridge and freezers to ensure it is disposed of when use by date expires. All food is stored and handled safely. Food temperatures are recorded. The kitchen is clean.</p> <p>Kitchen staff have been trained in safe food handling.</p> <p>The service caters for the needs of younger residents.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Wound care plans, infection control plans, diabetes specific plans, fluid balance management plans and pain management plans were evident. The use of short-term care plans was evident. In all files sampled, the residents are receiving care that meets all their needs. The GP interviewed stated the facility applied changes of care advice immediately and was complementary about the quality of service delivery provided. Residents' needs are assessed prior to admission and resident's primary care is provided by the facility GPs unless the resident chooses another GP.</p> <p>Dressing supplies are available and a treatment room is stocked for use.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management.</p> <p>Specialist continence advice is available as needed.</p> <p>Wound assessment and wound management plans are in place for four residents including three pressure injuries (two grade one and one grade two). There is evidence in files of the wound specialist referrals. Wound care is completed within timeframes.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture,</p>	<p>CI</p>	<p>Two activity officers work in the facility across all service levels. All recreation/activities assessments and reviews are up to date. On the day of audit, residents were observed being actively involved with a variety of activities in the main lounge and throughout the facility. Residents have a comprehensive assessment completed over the first few weeks after admission obtaining a complete history of past and present interests, career and family.</p> <p>Activities are age appropriate (including to meet the needs of younger residents) and have been</p>

and the setting of the service.		<p>comprehensively planned. Activities provided are meaningful and reflect ordinary patterns of life.</p> <p>All residents and family members interviewed stated that activities are appropriate and varied and spoke positively about the programme.</p> <p>Five resident files reviewed identified that the individual activity plan is reviewed at the time of the care plan review.</p> <p>The activities programme continues to exceed the required standard.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans are evaluated by the registered nurses within three weeks of admission. The long-term care plan is evaluated at least six monthly or earlier if there is a change in health status. There is at least a three monthly review by the GP. All changes in health status is documented and followed up. An RN signs care plan reviews. Short-term care plans are evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness is posted in a visible location (expiry date 17 June 2016).</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance of infection data assists in evaluating compliance with infection control practices. Infections are collated monthly, including urinary tract, upper respiratory and skin. This data is reported to the facility meetings. Monthly data was seen in staff areas. The service submits data monthly to Radius head office where benchmarking is completed. There have been no outbreaks since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p>	FA	<p>The use of restraint is regarded as a last intervention, when all other interventions or calming/defusing strategies, have not worked. There is a regional restraint group at the organisational level and a restraint</p>

<p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>group at the facility where restraint is reviewed.</p> <p>There were three residents with enablers in the form of bed rails in the hospital. The residents requested these. The assessment process ensures enablers are voluntary and the least restrictive option. This was evident in review of one of the files of a resident using an enabler.</p> <p>There were no residents using restraints.</p>
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Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	<p>A review of all quality improvement data, quality initiative projects and outcome reports show that Radius Taupaki Gables has continued to make significant improvements to the facility, staffing and to outcomes for residents and families.</p> <p>A range of data relating to complaints, incidents, accidents, health and safety, risk management and internal audit reports is used to improve the</p>	<p>A review of the Radius Taupaki business plan occurs quarterly with sustained compliance of the facility health checks (no partial attainments), low number of residents' falls (falls rate reduced from 122 falls in the first quarter 2014 to 76 falls first quarter 2015), and no use of restraint since July 2012. Annual resident/family satisfaction surveys reflect sustained high levels of resident and family satisfaction with the services received. Occupancy rates average 95.6%, which is slightly above target.</p> <p>Examples of improvements for residents include the following: i) A focus on development of the leadership skills of the management staff. The nurse manager gained tools, support, coaching and mentorship. This in turn has led to sharing of the ideals of collaboration, communication and cooperation of staff. General staff meetings were changed to staff forums, which changed the focus to partnership and collaboration, sharing of ideas, and staff having more of a voice. Interviews with staff reflect high morale with staff reporting that they feel engaged and that managers carefully consider their opinions. ii) The service continues to involve residents in the planning of food services. Satisfaction surveys reflect that there are no residents dissatisfied with food services and 88% either very satisfied or quite satisfied. iii) There is an improved activities programme that is more resident focused and includes such initiatives as the recent addition of a</p>

		<p>service. Projects are undertaken where opportunities for improvements are identified.</p> <p>Meetings are held at regular intervals to communicate quality initiatives and outcomes.</p>	<p>men's shed where currently the men are actively involved in constructing bird houses (link 1.3.7.1), iv) Continuation of a support group for spouses and family members. There are a range of specialists invited to speak to the group. v) Animal therapy is encouraged with pets in the service that normalises life for the residents. The service is based in a rural setting and includes visits from a range of animals vi) There are referrals to clinical specialists, for example, wound nurse specialists visit fortnightly depending on need, the dietician visits monthly and as needed, there is a gerontology nurse practitioner who visits weekly alternating with the GP. The GP reports that 'she is just as good as a GP,' vii) continued engagement for residents in the community. The service sponsors a number of the local community groups.</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>CI</p>	<p>The activities coordinator employed by the service has worked at Taupaki Gables for two months. She works full time over five days. An activities assistant works six hours a day, five days a week. All recreation/activities assessments and reviews are up to date. On the day of audit, residents were observed being actively involved with a variety of activities in the lounges. Residents have a comprehensive assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career and family.</p> <p>Activities are age appropriate and have been comprehensively</p>	<p>The facility continues to have monthly family support group meetings facilitated by the nurse manager. Topics for discussion include advanced care planning, grief, physiotherapy and culture (minutes viewed). Family members of deceased residents are also made welcome at the meetings and the nurse manager reported that many family members of previous residents continue to attend. Different specialist speakers are invited to give a presentation to the group. The facility has a monthly men's group meeting. More recently this has resulted in the development of a men's shed which is on a sheltered outdoor deck and where men can engage in woodworking or simply 'pottering' with tools. The men are currently constructing bird feeders to give as Christmas gifts or sell at the planned market day. Two male residents interviewed that attend meetings and use the men's shed, stated that the provisions for male residents were excellent and they enjoyed them. There is a women's coffee club once a month. The facility keeps chickens and residents take responsibility to feed them and collect eggs. Residents identified they would like to attend a pub quiz but the evening running of the local pub quiz was too late for residents. Instead, the weekly quiz (which was previously attended by around six residents and is now regularly attended by 20 residents) is now run in a pub quiz format with team and a combination of audio and visual questions. A 'pub quiz' is also run during the monthly happy hour. All five residents interviewed were happy with the content and variety of activities provided.</p>

		<p>planned. Activities provided are meaningful and reflect ordinary patterns of life. Activities include pet visits, games, walking groups, concerts, entertainers, coffee club, movies, exercises and outings. There are also visits from community groups.</p> <p>All three family members interviewed stated that activities are appropriate and varied enough for the residents. All five residents interviewed stated they were happy with the activities available and are given a choice regarding attendance.</p> <p>Five resident files reviewed identified that the individual activity plan is reviewed at the time of the care plan review.</p>	
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End of the report.