

Radius Residential Care Limited - Radius St Joans Care Centre

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 St Joans Care Centre
Services audited:	Residential disability services - Intellectual; 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: 16 December 2015 End date: 16 December 2015
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	78

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
Yellow	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
Red	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 St Joan's is part of the Radius Residential Care Group. St Joan's cares for up to 98 residents requiring hospital (geriatric and medical) and rest home level care and residential disability (physical and intellectual) support. On the day of the audit, there were 78 residents. The facility manager is a registered nurse and has been in the role for three years. A clinical nurse manager and the Radius regional manager support her.

This unannounced surveillance audit was conducted against a subset of the Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures; the review of residents and staff files, observations and interviews with residents, relatives, staff and management. Residents and family interviewed spoke positively about the service provided.

The two shortfalls identified at the previous audit around medication management and restraint monitoring have been addressed. The service continues to exceed the standard around the activities programme.

This audit has identified improvements required around meeting minutes, investigation of incidents and documentation of care interventions.

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.		Some standards applicable to this service partially attained and of low risk.
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Services are planned, coordinated and appropriate to the needs of the residents. A facility manager is responsible for the day-to-day operations of the facility. Quality and risk management processes are documented, 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 documented when they occur in a 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

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents needs are assessed prior to entry and immediately thereafter. The registered nurses complete assessments, care plans and evaluations. Residents and relatives are involved in planning and evaluating care. Risk assessment tools and monitoring forms are available and implemented, and used to assess the level of risk and support required for residents. Service delivery plans demonstrate service integration. Care plans are evaluated six monthly. The service facilitates access to other medical and non-medical services.

The activities team provide an activities programme that involves the wider community. Each resident has an individualised plan and activities are scheduled for five days per week. The activity programme is resident-focused and provides group and individual activities planned around everyday activities. There are strong community links including volunteers that assist with activities.

The medicines management system follows recognised standards and guidelines for safe medicine management practice. Staff complete competencies prior to administering medicines. Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for and alternative options are provided. Residents and relatives interviewed were complimentary about the food service.

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 was one hospital level resident voluntarily using bedrails as a restraint on the day of the audit and three residents using enablers. Care plans include reference to the use of enablers and restraint use is voluntary. Restraint is monitored appropriately.

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.
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St Joan's 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	13	0	2	1	0	0
Criteria	1	36	0	2	1	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>	<p>FA</p>	<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 six residents (two young persons with disabilities, one hospital and three rest home) and family members, confirmed their understanding of the complaints process. Care staff interviewed (six healthcare assistants, three registered nurses, an enrolled nurse and one motivational therapist) 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>Five complaints received in 2015 were managed within the required timeframes as determined by the Health and Disability Commissioner. Complaints are linked to the quality and risk management system. There has been one complaint in 2015 involving the Health and Disability Commissioner and this has been closed, with no further action required.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<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 for that is not covered by the agreement. Regular contact is maintained with family including if an incident or care/health issue arises. Three families interviewed, (two from the hospital and one for a resident with a physical disability) stated they were kept well informed. Twelve incident/accident forms were reviewed and identified that next of kin were contacted or if not, justification as to why. Residents' meetings are held monthly.</p> <p>The service can access interpreter services. 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 St Joan's is part of the Radius Residential Care Group. St Joan's cares for up to 98 residents requiring hospital and rest home level care and residential disability (physical and intellectual) support. There are separate wings for rest home and hospital level care. On the day of the audit, there were 28 rest home level residents including two on short-term respite contracts and 42 hospital residents including three on long-term chronic health conditions contracts. There were eight residents on young persons with disabilities contracts receiving residential disability (physical) support. There were no residents receiving residential disability (intellectual) support.</p> <p>The Radius St Joan's 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 facility manager is a registered nurse and has been in the role for three years. The clinical nurse manager, who has been in the role for two and a half years, and the regional manager support her in the management role.</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</p>	<p>PA Low</p>	<p>A 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</p>

<p>Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>revised policies are made available for staff to read and sign, indicating they have read and understand the changes. Policies and procedures have been updated to reflect the implemented InterRAI procedures.</p> <p>The monthly collating 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 audits are being completed as per the schedule. Corrective actions are developed where opportunities for improvements are identified. When completed, management signs them off. Staff and management report that the outcomes of quality analysis data are discussed in meetings, however, meeting minutes do not reflect this.</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 residents' 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>	<p>PA Low</p>	<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 clinical manager then reviews the incident forms. Investigations and opportunities to prevent recurrence are not always documented. Accident and incident data is analysed for trends and benchmarked.</p> <p>A discussion with the facility 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</p>	<p>FA</p>	<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. Six staff files were reviewed (two healthcare assistants,</p>

<p>practice and meet the requirements of legislation.</p>		<p>one registered nurse, the clinical nurse manager, the motivational therapist and the kitchen manager). Evidence of signed employment contracts, job descriptions, orientation, and training were available for sighting. Annual performance appraisals for staff were completed in the 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 complete a range of competency assessments. All registered nurses have current first aid/CPR certificates.</p>
<p>Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The facility manager and clinical nurse managers are registered nurses. A minimum of one RN is on duty at all times.</p> <p>Staff reported that staffing levels and the skill mix was appropriate and safe. All families and residents interviewed advised that they felt there was sufficient staffing. The roster can be changed in response to resident acuity.</p>
<p>Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The service uses two-weekly robotic packs. Twelve medication charts reviewed (four rest home and eight hospital) have photo identification. The robotic pack medications are checked on arrival by the registered nurse and any pharmacy errors recorded and fed back to the supplying pharmacy. Medications are stored securely. Checks of controlled drugs occurred weekly. Staff sign for the administration of medications on medication sheets held with the medicines. There were no expired medications in the medication cupboards or fridges. All medications were charted correctly. The previous audit findings have now been addressed and monitored.</p> <p>Registered nurses or senior health care assistants administer the medication in both areas. Annual medication competencies are completed. Allergies are identified on the medication record. The registered nurse advised there were no residents self-medicating on the day of audit. The medication folder includes a list of specimen signatures.</p> <p>The service has in place, policies and procedures for ensuring all medicine-related recording and documentation meets acceptable good practice standards. The medication fridge is monitored daily (records sighted). Medication charts reviewed identified that the GP had seen and reviewed the resident at least three monthly.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>There is a large workable kitchen with two cooks. Both have completed food safety training. All residents have a nutritional and hydration care requirement developed on admission that is reviewed at the six monthly reviews. Copies were in a folder in the kitchen. Any special dietary requirements and food preferences are communicated to the kitchen and individual meals are supplied. The menu is designed and reviewed by a registered dietitian. Diets are modified as required. Kitchen fridge, food and freezer temperatures are monitored and documented. Prior to serving, food temperatures are checked and documented. Equipment is available on an 'as needed' requirement. Residents requiring extra assistance to eat and drink are assisted by healthcare assistants and were observed doing so during lunch.</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>	FA	<p>Dressing supplies are available and a treatment room/cupboard is stocked for use in each unit. Contenance 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>All of the 27 wounds reviewed had wound assessments and wound management plans in place. The plans include the timeframes for review of the wounds and all had been reviewed within the stated timeframe. Short-term care plans were not consistently developed to address pressure risk reduction for residents with pressure injuries. One of the registered nurses interviewed described the referral process should they require assistance from a wound specialist.</p> <p>Registered nurses (RNs) and healthcare assistants follow the care plan and report progress against the care plan each shift. If external nursing or allied health advice is required, the RNs will initiate a referral. If external medical advice is required, this will be actioned by the GP. Specialist continence advice is available as needed and this could be described.</p> <p>Short-term care plans were not consistently in use or long-term care plans updated for changes in residents health status (link 1.3.8.3).</p> <p>Care plan interventions including intentional rounding and food and fluid charts demonstrate interventions to meet residents' needs.</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</p>	CI	<p>A motivational therapist works 28 hours per week and is supported by two motivational assistants who work 21 hours and seven hours respectively and a chaplain who works 12 hours per week. They work over five days but flexibility allows them to work weekend days if there are special events happening. All</p>

<p>their needs, age, culture, and the setting of the service.</p>		<p>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. 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 planned. Activities provided are meaningful and reflect ordinary patterns of life. Community involvement is a large part of the activities programme. Residents go out and attend community groups such as the stroke club and the RSA. There are weekly visits into town and the local MacDonald's. Specific activities occur for younger people. A beauty therapist visits on a regular basis, and men and women attend appointments. Residents and families interviewed commented positively on the activity programme.</p> <p>The service has continued to exceed the required standard expected around planned activities</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>PA Moderate</p>	<p>Files sampled evidenced that the registered nurse evaluated care plans six monthly, but not always when changes to care occur. Evaluations are documented and include progress to meeting goals.</p> <p>There was at least a three monthly review by the GP in files sampled.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>There is a current building warrant of fitness posted in a visible location (expiry date 1 December 2016).</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<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 Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The use of restraint is regarded as a last intervention when other interventions or calming/defusing strategies have not worked. There is a regional restraint group at the organisational level and a restraint group at the facility where restraint is</p>

		<p>reviewed.</p> <p>The service has significantly reduced restraint use since the previous audit. There was one resident with restraint and three residents with enablers. The residents requested enablers. The assessment process ensures enablers are voluntary and the least restrictive option. This was evident in review of two files of residents using an enabler.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>Restraint monitoring requirements are documented in the care plan and on the restraint assessment. The previous audit identified that restraint monitoring had not been consistently documented. The restraint monitoring form sighted during this audit (there was only one resident on restraint), documented regular monitoring consistent with that described on the restraint assessment and in the care plan. The previous shortfall has been addressed.</p>

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	Comprehensive data around internal audit outcomes, complaints, restraint use, incidents and accidents and infection control is collected and analysed, including being benchmarked with other Radius facilities. The healthcare assistants, registered nurses, enrolled nurse, clinical nurse manager and facility manager interviewed reported that the outcomes of data analysis are discussed in meetings. This was not reflected in meeting minutes sighted (for 2015).	Staff meeting minutes did not reflect discussion around the outcomes of quality data analysis.	<p>Ensure meeting minutes reflect discussion around the outcomes of quality data analysis.</p> <p>90 days</p>
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service</p>	PA Low	Incident forms are completed when an incident occurs and the registered nurse on duty documents immediate clinical follow-up. The clinical nurse manager then reviews and signs off all forms. Not all incident forms sampled had	Eleven of twelve incident forms sampled did not have an investigation into the cause or opportunities to minimise the risk of recurrence documented.	Ensure that an investigation and opportunities to minimise the risk of recurrence are fully documented for all

shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.		investigations and opportunities to minimise the risk of recurrence documented. The clinical nurse manager reports that she does this but does not document it.		incidents. 90 days
Criterion 1.3.8.3 Where progress is different from expected, the service responds by initiating changes to the service delivery plan.	PA Moderate	Three of six files reviewed documented that changes in health status were addressed by either updating the long-term care plan or by developing a short-term care plan. Seven of eight pressure injuries reviewed had short-term care plans in place that identified ways to reduce the pressure risk.	Changes to resident health status were not consistently addressed with short-term care plans or updating of long-term care plans, for example (i) one hospital resident with a significant wandering incident did not have a short-term plan developed, (ii) one hospital resident was reviewed by a dietitian. The care plan was not updated with the changes, although they were documented in the evaluation and the kitchen had been informed and (iii) one hospital resident with a grade-two pressure injury did not have a care plan written that addressed the pressure risk, and the pressure injury returned two weeks after healing.	Ensure that all changes in health status are addressed by updating the resident's care plan or the development of a short-term care plan. 60 days

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
<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>	CI	<p>A comprehensive programme meets the group and individual recreational needs of residents of all ages. One-on-one activities occur for residents unable to join group activities or choose not to participate in activities. There are many volunteers involved in the activity programme who assist with a variety of activities and outings, including students from the local high school. Radius St Joan’s has a chaplain employed to provide individual spiritual and support services for the residents.</p>	<p>The service has continued to exceed the required standard around planned activities and continues to have a goal to provide a high standard of activities for residents. Examples include an under 65 resident who is being assisted by students from the high school, who are volunteering for a year while they complete their Duke of Edinburgh award, to create a garden where they can grow their own vegetables. The facility continues to maintain its community links by linking its own Woman’s Institute group with a local Woman’s Institute group to provide interesting speakers. The service continues to have special activities such as a classic car rally, which includes rides in classic cars for the residents and a BBQ for residents, family and the classic car enthusiasts. All residents and family interviewed spoke highly of the activities</p>

			provided. The resident satisfaction survey has shown an increase in activities from 42% very satisfied in 2014 to 78% very satisfied in 2015.
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End of the report.