# Radius Residential Care Limited - Radius Waipuna

## Introduction

This report records the results of a Partial Provisional 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Radius Residential Care Limited

**Premises audited:** Radius Waipuna

**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: 16 November 2016 End date: 16 November 2016

**Proposed changes to current services (if any):** The addition of eight new dual-purpose rooms and four dual-purpose rooms to replace four lost in the reconfiguration of the site.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 46

# 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.

## General overview of the audit

Radius Waipuna currently provides rest home, hospital and residential disability (intellectual, physical and sensory) level care for up to 78 residents.

This partial provisional audit was completed to assess stage two of a building development programme which includes 12 new single rooms (four of which replace rooms lost in this stage of the project), a redeveloped lounge, dining, reception and administration area. The service intends to open these new rooms on 20 December 2016. All rooms were assessed as suitable to provide rest home, hospital or residential disability level care. With the current increase in resident rooms the service will be able to provide a total of 84 dual-purpose beds. When these rooms open, the final two wings will be closed for refurbishment so a full capacity of 86 residents will not be available until late February 2017.

The service is managed by a facility manager who is an experienced aged care manager and registered nurse. The facility manager is supported by the clinical manager who has been in the role for two years and the Radius regional manager.

The audit identified the new area, draft roster and equipment ordered is appropriate for providing rest home, hospital and residential disability level care.

The one shortfall identified in the previous certification audit, around InterRAI contractual requirements has now been addressed. The four shortfalls identified in the previous partial provisional audit have been addressed for that area of the rebuild, around completing the building and obtaining a certificate for public use and an approved evacuation certificate, completing landscaping and having the call bell system operational.

This audit identified improvements required around completing the building, interior and landscaping, obtaining a certificate for public use and activating the call bell system.

## Organisational management

The management team are skilled and experienced. There are human resources policies to support recruitment practices. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. There is an annual education plan that is outlined on the ‘clinical audit, training and compliance calendar’. This includes all required education as part of these standards. Staffing policies and procedures and the proposed roster are based on the Radius clinical hour’s calculator. Currently the existing staff will cover the new wings while residents are moved between areas. The service is recruiting a small number of new staff until full capacity is available in February 2017.

## Continuum of service delivery

The service medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. A large treatment room is included in the area being assessed from which medications will be provided. The service will continue to implement the current medication system.

There is a large commercial kitchen and all food is cooked on-site. The new area includes a dining and lounge communal area, which has been moved and extended as part of this stage of the building project. Additionally there is a large internal courtyard off the lounge.

## Safe and appropriate environment

Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets are available. Eight new rooms, hallways and the dining lounge area are complete. Four rooms are not yet complete. Planned and reactive maintenance systems are in place and maintenance requests are generated. The new area is spacious and includes a large, open plan lounge/dining area. Equipment has been purchased for the new rooms/residents. There are shared ensuite bathrooms (including wet area showers) shared between each two rooms, except one room with an individual ensuite and one with close access to a large communal bathroom/toilet. There are communal toilets near the lounge areas. Laundry will be continued to be completed by a contractor off-site. Appropriate training, information and equipment for responding to emergencies are provided. Fire evacuations are held six monthly. There is a civil defence and emergency plan in place. The call bell system is installed in all areas with indicator panels in each area. There are staff across 24/7 with a current first aid certificate.

## Restraint minimisation and safe practice

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## Infection prevention and control

The infection control (IC) programme and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The responsibility for infection prevention control is clearly defined and there are lines of accountability for infection prevention control matters in the organisation leading to the leadership team. The programme is reviewed annually at an organisational level. The facility has access to professional advice from the GP, the DHB and from within the organisation. There is a process for early consultation and feedback to the infection prevention and control team. Infection surveillance forms are being implemented in line with company policy. There are guidelines and staff health policies for staff to follow ensuring prevention of the spread of infection. Infection control matters are included in the monthly quality meeting and also discussed at both the RN and staff meetings.

## Summary of attainment

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

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| **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** | 0 | 13 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 32 | 0 | 3 | 0 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Radius Waipuna currently provides rest home, hospital and residential disability (intellectual, sensory and physical) level care for up to 74 residents.  Radius Waipuna is nearing the end of a significant building and refurbishment plan. Prior to the commencement of the project the service provided rest home, hospital and residential physical disability care for up to 54 residents. All beds were dual-purpose.  Stage one involved a new building containing a total of 20 extra dual-purpose beds, large communal dining, living and activities areas and the development of a large internal courtyard. When this building was certified for use the total capacity became 78 dual-purpose beds. However at the time these beds were opened in July 2016, 20 residents were decanted from the initial wings, so two existing wings could be closed for a full refurbishment.  Stage two included full refurbishment of two wings in the existing building and the development of twelve new rooms, eight of which were additional to the previous capacity and four of which replace rooms that were lost as part of the building project. This stage also included the development of administration and reception lounges and replacing large dining and lounge areas and the development of an internal courtyard. This area (the eight new rooms and four replacement rooms and communal areas have been assessed during this audit as suitable for use as dual-purpose beds. The service expects to be able to open this area by the end of December 2016. The capacity of the service following this stage is 86 dual-purpose beds.  Stage three will involve closing for full refurbishment the final two wings of the existing building, once the rooms being assessed in this audit are certified for use. It is expected that this will be completed by late February 2016 and it is at this time that the service will have all 86 dual-purpose beds available for use.  On the day of the audit there were 46 residents – five were rest home level of care, 28 hospital level care and 13 residential disability level care (all 13 were on younger persons with disabilities contracts). Residents receiving hospital level of care included two residents funded by ACC and five on long-term chronic conditions contracts.  There is a current risk management plan, a pandemic health plan and a current business plan that includes the development of the new building and the plans around increasing occupancy in these including staffing requirements around this. The business plan for Radius Waipuna includes business goals.  The facility manager is a registered nurse with aged care management experience and has been in the role since July 2014. She is supported by a clinical manager who has been in the role for two years and the Radius regional manager.  The facility manager has maintained at least eight hours annually of professional development activities related to managing a hospital. |
| Standard 1.2.2: Service Management  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. | FA | The facility manager and regional manager reported that in the absence of the facility manager, the clinical manager will fulfil the role with support from the regional manager, administrator and care staff. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | There are human resources policies to support recruitment practices. A list of practising certificates is maintained. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. There is an annual education plan that is documented. This includes all required education as part of these standards. The plan is being implemented. A competency programme is in place with different requirements according to work type (eg, healthcare assistant, registered nurse, and kitchen). Core competencies are completed and a record of completion is maintained on staff files (sighted). The facility manager and clinical manager facilitate the orientation programme for new staff and support the ongoing education programme. There is a first aider on each shift.  The decanting of residents when two wings are closed for refurbishment once the current becomes operational means that staffing will not increase significantly until the entire programme is completed in late January 2017.  Additional staff will be employed and complete the Radius orientation prior to resident numbers increasing. Three healthcare assistants, one registered nurse and one activities coordinator’s files were sampled and all demonstrated appropriate employment practices and completion of orientation, ongoing training and competencies related to the role. Files sampled contained current performance appraisals.  The previous certification audit identified that insufficient staff were InterRAI trained to meet contractual requirements. A roster/task allocation revamp means that the facility is now up-to-date with InterRAI reports and the issue has been addressed despite no further training having been available. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is a staffing procedure, which describes staffing and is based on the Radius clinical hour’s calculator. Initially, actual staffing numbers will not increase as resident numbers are not increasing. When the resident numbers increase total staff are planned to increase to 65 staff. This will be an increase of 5 FTE healthcare assistants, one registered nurse/team leader (FTE), two part time kitchen hands (30 hours), 1 FTE household, 30 hours more per week activities and the clinical manager role will increase to 40 hours per week with no rostered ‘on floor shifts’.  There are clear guidelines for increase in staffing depending on acuity of residents. There is 24-hour RN cover in the facility which includes at least one RN each shift. On Monday to Friday there are two RNs as well as CMN for AM shift & two RNs on PM shift with one RN on night shift. The CMN or FM is on call for cover over weekend. A proposed roster has been developed which meets staffing requirements but the regional and facility managers intend using the clinical hour’s calculator actively to ensure the correct staffing in each area to meet resident’s needs as numbers fluctuate.  The roster considers the building design and there is a nurses’ station in the new area. |
| 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. | FA | The service medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. There are currently two locked medication rooms in the current building. A large treatment room is included in the new building; however this is not yet fully completed (link 1.4.2.1).  The facility uses robotic sachets for regular and blister packs for ‘as required’ medication delivered by the supplying pharmacy. Medications are checked against the signing sheets on arrival at the facility. Any discrepancies are fed back to the pharmacy.  All medications are currently kept in a locked trolley and cupboards in the treatment rooms. The medication fridge temperatures are recorded daily. A stock of hospital medications is kept in one treatment room.  All RNs that administer medication are competent and have received medication management training. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | There is a large commercial kitchen and all food is cooked on-site. There is a comprehensive kitchen manual in place. There are two cooks (one during the week and one in the weekends). They are supported by kitchenhands (with numbers intended to increase as resident numbers increase). There is a seasonal menu in place. The company dietitian has reviewed the menu. The cook receives a dietary profile for each resident with dietary requirements, special diets, food allergies, likes and dislikes. Alternatives are offered. The cook is notified of any dietary changes for the residents. Food is plated in the kitchen and transported in hotboxes to the dining rooms. This will continue for the new dining area and additional hot boxes have been purchased. The kitchen is able to cater to the eventual increase in residents. The refurbished/altered dining area is adjacent to the kitchen. The workflow space in the kitchen has been adjusted to better meet the needs of the new layout of the building including repositioning of doors. The remodelled dining area is large enough for residents and mobility equipment. Special diets are plated and labelled. The fridge and freezer have visual temperatures, which are recorded daily. The facility fridges temperatures are monitored (records sighted). Temperature of food on delivery is recorded.  Feedback on the service and meals is by direct verbal feedback, as an agenda item at residents and family meetings and within resident’s satisfaction survey.  Staff working in the kitchen have food handling certificates and receive ongoing training. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets are available. Designated cleaners’ cupboards are in the existing building. There is protective clothing and equipment that is appropriate to the recognised risks associated with the waste or hazardous substance being handled, for example: goggles/visors, gloves, aprons, footwear and masks. Hazardous substances are correctly labelled. There are two sluice rooms with sanitisers in the existing building near the new wings. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | One of the two wings and external areas are not yet fully completed. This area includes the medication/treatment room which requires completing. One eight room wing is complete. A certificate of public use has not yet been issued and hot water has not yet been turned on and monitored. Planned and reactive maintenance systems are in place. All hoists have been serviced, electrical equipment tested and tagged and medical equipment calibrated. Equipment has been purchased for the new wing but apart from hot boxes will not be delivered until resident numbers increase. The maintenance person for Radius Waipuna is employed full-time and is available on call. Preferred contractors are available 24/7. There is adequate and safe storage of medical equipment. Corridors are wide enough to allow residents to pass each other safely with access to communal areas and outdoor areas. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | There is a large ensuite with a wet area shower shared between each two rooms in the new wings, except one room with a large single ensuite and one which has access to a large communal bathroom/shower. There are communal toilets in an existing corridor near the new lounge area. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned (link 1.4.2.1.) Communal toilet facilities have a system that indicates if it is engaged or vacant. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | All rooms are spacious. There is adequate room to safely manoeuvre mobility aids and cater for equipment such as hoists, wheelchairs and fallout chairs and required staff. The doors are wide enough for bed transfer. Residents and families are encouraged to personalise their rooms. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | There is an open plan communal lounge and dining room in the area, which has been slightly moved and extended from the area that was previously in this space. There is a large activities area within the wider facility. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry and cleaning services. All laundry is completed off-site. There are covered linen trolleys available to be used by the healthcare assistants. There are dedicated cleaners currently and a plan to increase housekeeping hours as numbers increase. Staff were observed wearing protective clothing while carrying out their duties. Cleaning trolleys are to be kept in designated cupboards and the existing cleaning cupboards will continue to be used. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation plan that includes the new area and was approved on 19 July 2016. Fire evacuations are held six monthly. Civil defence and emergency training was provided in 2016. There is staff at the facility across 24/7 with a current first aid certificate. There is a civil defence and emergency plan in place. The facility is well prepared for civil emergencies and has emergency lighting, a store of emergency water (which has been increased to cater for the expected additional residents) and a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic. The call bell system is available in all areas with indicator panels in each area. However, this was not yet connected. There are emergency management plans in place to ensure health, civil defence and other emergencies. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | All rooms have large external windows with ample natural light and rooms on the ground floor have a door that opens to the outside area. Heating is a mix of panel heating and ceiling heating. |
| Standard 3.1: Infection control management  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. | FA | The infection control (IC) programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The responsibility for infection prevention control is clearly defined and there are lines of accountability for infection prevention control matters in the organisation leading to the leadership team, executive team and the board. The programme is reviewed annually. The facility has access to professional advice from the GP team and from within the organisation. There is a process for early consultation and feedback to the infection prevention and control team. Infection surveillance forms are being implemented in line with company policy. There are guidelines and staff health policies for staff to follow ensuring prevention of the spread of infection. Infection control matters are included in the monthly quality meeting and also discussed at both the RN and staff meetings. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.4.2.1  All buildings, plant, and equipment comply with legislation. | PA Low | The new wings are to be handed over for use by the facility on 20 December 2016. Carpets and window furnishings, installation of handrails and painting are currently being completed. The medication room is designed and planned, and equipment has been ordered but not yet installed. Outdoor areas are planned with some paths installed but not landscaped. A children’s playground with surfaces that are safety designed and meet required guidelines has been built in the new courtyard. The turning bay at the entrance is complete but the driveway requires some resealing. Hot water is installed but not yet turned on. | (i) The building is not yet completed, so painting, floor and window coverings, installation of privacy locks on shared ensuites and installation of handrails has not yet occurred in all areas.  (ii) Hot water has not yet been turned on so temperature requirements have not been tested.  (iii) A certificate for public use has not yet been issued.  (iv) The medication room has not yet been fitted out and secured. | (i) Ensure the building is completed and the interior finished including installation of handrails and privacy locks.  (ii) Ensure hot water is turned on and the temperature monitored to ensure it is within the safe range.  (iii) Provide evidence of a certificate of public use.  (iv) Ensure the medication room has basins, shelves, cupboards, a controlled drug safe, a refrigerator and benches installed, and is secured.  Prior to occupancy days |
| Criterion 1.4.2.6  Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | The plan for the finished complex includes landscaped areas around the new building. Paths have been developed but not all areas have been completed. | External areas and landscaping (including making the driveway safe for residents and visitors) have not yet been completed. | Ensure safe external areas are completed.  Prior to occupancy days |
| Criterion 1.4.7.5  An appropriate 'call system' is available to summon assistance when required. | PA Low | Call bells are installed in the lounge/dining areas, bedrooms and ensuites. The call bells activate to a central panel. The call bell system had not yet been activated in the rooms (it is functioning in the lounge/dining area which is already in use). | The call bell system in the new wings was not yet operational. | Ensure all call bells are operational.  Prior to occupancy 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.

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End of the report.