# Radius Residential Care Limited - Radius Baycare Home & Hospital

## Introduction

This report records the results of a Certification 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 Baycare Home and Hospital

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

**Dates of audit:** Start date: 10 October 2016 End date: 11 October 2016

**Proposed changes to current services (if any):** The service has converted the 40 beds that are currently used for dedicated hospital level care or dedicated rest home level care to dual-purpose beds. This means all beds will be dual purpose beds.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 44

# 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 |
|  | 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

Baycare Home and Hospital is owned and operated by Radius Residential Care Limited and cares for up to 46 residents requiring rest home or hospital level care. On the day of the audit there were 44 residents. The service is managed by a registered nurse with experience in aged care management. She is supported by the Radius regional manager and a clinical manager who is currently working out her notice. Residents, relatives and the GP interviewed spoke positively about the service provided.

This certification audit was conducted against the relevant 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, management and general practitioner. This audit has also verified 40 current beds across the rest home and hospital as suitable to be dual-purpose beds. This means all beds will be dual-purpose beds.

The service has exceeded the standard around the activities provided.

This audit has identified areas for improvement around InterRAI assessments related to access to training and documentation of interventions in care plans.

## Consumer rights

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| --- | --- | --- |
| 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. |

Policies and procedures adhere with the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code). Residents and families are informed regarding the Code and staff receive ongoing training about the Code.

The personal privacy and values of residents are respected. There is an established Māori health plan in place. Individual care plans reference the cultural needs of residents. Discussions with residents and relatives confirmed that residents and where appropriate, their families are involved in care decisions. Regular contact is maintained with families including if a resident is involved in an incident or has a change in their current health. Families and friends are able to visit residents at times that meet their needs. Examples of good practice were provided.

There is an established system for the management of complaints, which meets guidelines established by the Health and Disability Commissioner.

## Organisational management

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| --- | --- | --- |
| 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. |

Services are planned, coordinated, and are appropriate to the needs of the residents. A facility manager and clinical manager are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is embedded. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training is in place, which includes in-service education and competency assessments.

Registered nursing cover is provided 24 hours a day, seven days a week. Residents and families report that staffing levels are adequate to meet the needs of the residents.

The integrated residents’ files are appropriate to the service type.

## Continuum of service delivery

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| --- | --- | --- |
| 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. |  | Some standards applicable to this service partially attained and of low risk. |

Entry to the service is managed primarily by the facility manager/registered nurse. There is comprehensive service information available. Initial assessments are completed by a registered nurse. Care plans and evaluations have been completed by the registered nurses within the required timeframe. Care plans reviewed were written in a way that enables all staff to clearly follow their instructions. Residents and family interviewed confirmed they were involved in the care planning and review process.

The activity programme is varied and interesting and includes outings, entertainment and links with the community and schools. Each resident has an individual activity plan.

Medication is stored appropriately in line with legislation and guidelines. Staff have had education around medication management and all staff who administer medications have completed a competency assessment. Medications are prescribed and administered in line with appropriate guidelines and regulations.

Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are able to be provided.

## Safe and appropriate environment

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| 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. |

The building has a current warrant of fitness. There is an ongoing maintenance plan. Chemicals are stored safely throughout the facility. All except one bedroom are single occupancy with hand basins and toilet ensuites. There are sufficient numbers of communal showers and toilets. Resident rooms are all large enough to cater for hospital level residents including the staff and equipment required for them. There are sufficient communal showers and toilets that are large enough to cater for hospital level. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are lounge and dining areas throughout the facility. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible. Cleaning and maintenance staff are providing appropriate services. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days.

## Restraint minimisation and safe practice

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| 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. |

Staff receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers. A register is maintained by the restraint coordinator. During the audit, six residents were using restraints and one resident was using an enabler. Staff regularly receive education and training in restraint minimisation and managing challenging behaviours.

## Infection prevention and control

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| 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. |

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and also as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. There have been no reportable outbreaks since the previous audit.

## 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** | 1 | 47 | 1 | 1 | 0 | 0 | 0 |
| **Criteria** | 1 | 98 | 1 | 1 | 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](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).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation. | FA | Radius Baycare policies and procedures are being implemented that align with the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code). Families and residents are provided with information on admission which includes information about the Code. Staff receive training about resident rights at orientation and as part of the annual in-service programme. Interviews with care staff (four healthcare assistants (HCAs) who work across the rest home and hospital on the am, pm and night shifts; two registered nurses (RNs); and one enrolled nurse (EN)) confirmed their understanding of the Code. Ten residents (six rest home and four hospital level) and five relatives (one hospital level and four rest home level) interviewed, confirmed that staff respect privacy, and support residents in making choices. |
| Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Informed consent processes are discussed with residents and families on admission. Written consents are signed by the resident or their enduring power of attorney (EPOA). Advanced directives are signed for separately. There is evidence of discussion with family when the GP completed a clinically indicated not for resuscitation order. Healthcare assistants and registered nurses interviewed confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative’s lives.  Seven of seven resident files sampled (three rest home including one resident under long-term chronic health condition contract and four hospital, including one younger person) had a signed admission agreement and consents. |
| Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Residents interviewed confirmed they are aware of their right to access independent advocacy services. Discussions with relatives confirmed the service provided opportunities for the family/EPOA to be involved in decisions. The resident files include information on residents’ family/whānau and chosen social networks. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community. | FA | Residents and relatives interviewed confirmed open visiting. Visitors were observed coming and going during the audit. The activities programme includes opportunities to attend events outside of the facility. Residents are supported and encouraged to remain involved in the community. Relatives and friends are encouraged to be involved with the service and care. |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | The service has a complaints policy that describes the management of the complaints process. Complaints forms are available. Information about complaints is provided on admission. Interviews with all residents and relatives confirmed their understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints.  There is a complaints register that includes written and verbal complaints, dates and actions taken. Complaints sighted (all for 2016) were being managed in a timely manner, meeting requirements determined by the Health and Disability Commissioner (HDC). There is evidence of lodged complaints being discussed in RN and staff meetings. All complaints received have been documented as resolved with appropriate corrective actions implemented. This includes one complaint lodged with the district health board. When trends have been identified around complaints, comprehensive corrective action plans have been developed and implemented. |
| Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights. | FA | There is an information pack given to prospective residents and families that includes information about the Code and the nationwide advocacy service. There is the opportunity to discuss aspects of the Code during the admission process. Residents and relatives interviewed confirmed that information had been provided to them around the Code. Large print posters of the Code and advocacy information are displayed throughout the facility. A manager discusses the information pack with residents/relatives on admission. Families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | A tour of the premises confirmed there are areas that support personal privacy for residents. During the audit, staff were observed to be respectful of residents’ privacy by knocking on doors prior to entering resident rooms. Staff could describe definitions around abuse and neglect that aligned with policy. An annual resident satisfaction survey was completed in 2016 and the results showed that overall resident experience was reported as being good or very good by the vast majority of respondents. Residents and relatives interviewed confirmed that staff treat residents with respect.  The service has a philosophy that promotes quality of life and involves residents in decisions about their care. Resident preferences are identified during the admission and care planning process and this includes family involvement. Interviews with residents confirmed their values and beliefs were considered. Interviews with HCAs described how choice is incorporated into resident cares.  Staff have received regular training around abuse and neglect and a comprehensive corrective action (a plan was implemented following complaints with allegations of verbal abuse). |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs  Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs. | FA | The Māori health plan policy for the organisation references local Māori healthcare providers regionally within New Zealand and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment and care planning, and visiting is encouraged. Links are established with disability and other community representative groups as requested by the resident/family. At the time of audit there were six residents who identified as Māori and two interviewed confirmed their cultural needs were being met by the service. A resident group has been practicing poi waiata after being taught by local school children. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs. | FA | An initial care planning meeting is carried out where the resident and/or whānau as appropriate, are invited to be involved. Individual beliefs or values are discussed and incorporated into the care plan. Six monthly multi-disciplinary team meetings occur to assess if needs are being met. Family are invited to attend. Discussions with relatives confirmed that residents’ values and beliefs are considered. Residents interviewed confirmed that staff take into account their values and beliefs. |
| Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | Staff job descriptions include responsibilities. The monthly staff meetings include discussions around professional boundaries and concerns as they arise. The January 2016 staff meeting included specific discussion around bullying and harassment. Management provided guidelines and examples of mentoring for specific situations. Interviews with the managers and care staff confirmed their awareness of professional boundaries. |
| Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard. | FA | Policies and procedures are aligned with current accepted best practice. The content of policy and procedures are sufficiently detailed to allow effective implementation by staff.  Examples of good practice at Radius Baycare include:  Residents’ falls are analysed in detail. The service has been part of the 'do no harm' project. Positive outcomes have been identified by the service as a result of the utilisation of knowledge. Outcomes for the service are monitored with benchmarking across all Radius facilities and with other facilities through the DHB (eg, through the 'do no harm' project around falls). Feedback is provided to staff via the various meetings. The number of residents having falls has decreased. The service is actively working on an individual resident basis and a facility-wide approach following the admission of high risk of falls residents in the latter half of 2016.  The service actively analyses infection surveillance data to reduce infections in residents. A large number of residents with identified influenza reflective of influenza in the community was managed with input from the DHB and public health in a proactive manner.  Improvements in the activities programme (link CI 1.3.7.1) have resulted in the service having established a close relationship with a local primary school, Pakaraka Primary, with visits to the school and the students visiting the residents at Baycare. The residents become more involved in the community by knitting booties and beanies for the local birthing centre and residents interviewed spoke positively about this project. Each new born at the local hospital receives a set of booties and matching beanie knitted by Baycare residents. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There is an accident/incident reporting policy to guide staff in their responsibility around open disclosure. Staff are required to record family notification when entering an incident into the system. All 14 adverse events reviewed met this requirement unless the family had specifically requested for this not to occur. Family members interviewed confirmed they are notified following a change of health status of their family member.  The facility manager operates an open door policy and residents and relatives spoke of talking to her about any issue and her being an active listener. Regular newsletters are also produced.  There is an interpreter policy in place and contact details of interpreters were available. |
| 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 Baycare Home and Hospital is a Radius aged care facility located in Whangarei. The facility is certified to provide rest home and hospital level care for up to 46 residents. At the time of the audit, 15 beds were dedicated to rest home level of care only. There are six additional dual-purpose beds. This audit has also assessed the 40 beds across the hospital and rest home level care as suitable to be dual-purpose beds. This means all beds will be dual-purpose beds.  Forty four residents were living at the facility during this audit. Forty-two residents were on the Aged Related Care contract (nineteen rest home level and twenty-three residents hospital level, one (rest home level) resident was on the Long Term Chronic Conditions contract (LTCC) and one (hospital level) resident on the YPD contract.  The 2014 - 2017 business plan describes the vision, values and objectives of Radius Baycare Home and Hospital. Annual goals are linked to the business plan and reflect regular reviews via regular meetings and monthly reports to the regional manager. When an issue has been identified it is added as a specific short-term goal within the business plan during reviews.  The facility manager is a registered nurse with many years’ experience in aged care management. She has been in the role since January 2011, having been working in aged care since 1991 and previously had experience as a clinical manager. She is supported by a regional manager and clinical manager. The clinical manager has recently resigned and is currently working out a notice period. The service is actively recruiting a replacement.  The facility manager has maintained at least eight hours of professional development activities related to managing an aged care facility. |
| 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 clinical manager/RN covers during the temporary absence of the facility manager. The regional manager or facility managers of other Radius facilities in Northland are also available. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the regional manager. Discussions with the managers (regional manager and facility manager), the GP, and staff reflected staff involvement in quality and risk management processes.  Resident meetings are monthly. Minutes are maintained. Annual resident and relative surveys are completed with results communicated to residents and staff. Survey results reflect high levels of satisfaction.  The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. The service's policies are reviewed at a national level by the clinical managers group with input from facility staff every two years. Clinical guidelines are in place to assist care staff. Updates to policies included procedures around the implementation of InterRAI.  The quality monitoring programme is designed to monitor contractual and standards compliance and the quality of service delivery in the facility and across the organisation. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data, which is utilised for service improvements to a standard that exceeds the requirements. Results are communicated to staff across a variety of meetings and reflected actions being implemented and signed off when completed.  Health and safety policies are implemented and monitored by the health and safety committee. The health and safety representative interviewed confirmed their understanding of health and safety processes. Risk management, hazard control and emergency policies and procedures are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Radius has achieved tertiary level ACC Workplace Safety Management Practice.  Falls prevention strategies are in place. Falls are responded to on both a group and an individual basis (link 1.3.6.1). |
| Standard 1.2.4: Adverse Event Reporting  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. | FA | There is an incident/accident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring, corrective action to minimise and debriefing. Individual incident/accident reports are completed for each incident/accident with immediate action noted and any follow-up action required.  A review of 14 incident/accident forms identified that forms are fully completed and include follow-up by a registered nurse. Neurological observations are done two hourly for any suspected injury to the head. The clinical manager or facility manager, (both RNs), are involved in the adverse event process.  The facility manager was able to identify situations that would be reported to statutory authorities including (but not limited to) infectious diseases; serious accidents; and unexpected death. One appropriate section 31 notification has been made. |
| 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. | PA Negligible | Human resources policies include recruitment, selection, orientation and staff training and development. Seven staff files reviewed (two registered nurses, two healthcare assistants, a cook, an activities staff member and a housekeeping staff member) included a comprehensive recruitment process which included reference checking, signed employment contracts and job descriptions; police checks; completed orientation programmes and annual performance appraisals.  A register of registered nursing staff and other health practitioner practising certificates is maintained.  The orientation programme provides new staff with relevant information for safe work practice. There is an implemented annual education and training plan that exceeds eight hours annually. The facility manager holds overall responsibility for staff education. There is an attendance register for each training session and an individual staff member record of training. There are insufficient RNs trained in InterRAI (one registered nurse is trained) to meet contractual obligations around these. Training has been difficult for the service to access.  Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses including (but not limited to) medication competencies and insulin competencies. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. There is a minimum of one RN on site at any time. The building is on one floor and has a nurses’ station that is centrally positioned. Radius uses a staffing hour’s calculator and as ratios of rest home to hospital level residents change the service will use this tool to ensure that staffing meets the needs of current residents. Activities are provided five days a week.  Staff working on the days of the audit were visible and were attending to call bells in a timely manner as confirmed by all residents interviewed. Staff interviewed stated that overall the staffing levels are satisfactory and that the managers provide good support. Residents and family members interviewed report there are sufficient staff numbers. |
| Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. Entries are legible, dated and signed by the relevant HCA or nurse including designation. Individual resident files demonstrate service integration. |
| Standard 1.3.1: Entry To Services  Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | The service has comprehensive admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The facility manager/registered nurse or clinical manager screens all potential residents prior to entry and records all admission enquires. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the facility manager. The admission agreement aligns with the requirements of the ARCC. Exclusions from the service are included in the admission agreement. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition. |
| 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 medication management policies and procedures comply with medication legislation and guidelines. Registered nurses and enrolled nurses administer medications and have completed annual competencies and education. Healthcare assistants complete competencies for the checking of medications. Medications are checked against the medication charts on delivery by the RNs. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Six (one hospital and five rest home) residents who self-administer medicines have current competency assessments that have been reviewed three monthly.  Fourteen medication records sampled (eight hospital and six rest home) met prescribing requirements and had been reviewed by the GPs at least three monthly. Medication prescribed is signed as administered on the pharmacy generated signing chart. |
| 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 fully functional kitchen and all food is cooked on site. There is a food services manual in place to guide staff. The cooks and kitchenhands have completed food safety units and on-line chemical safety. The menus are changed every six weeks and have been reviewed by a dietitian, last in May 2016. The food is transported in hot boxes to the kitchenettes where food is served from bain-maries. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff. The cook is notified of any changes to residents’ dietary requirements. Resident dislikes are known and accommodated. Specials diets accommodated include gluten free, vegetarian, diabetic desserts and modified/pureed diets. The kitchen is able to meet the needs of residents who require special diets and the kitchen manager works closely with the RNs on duty. The temperatures of refrigerators, freezers, dishwasher and end cooked foods are monitored and recorded daily. There is special equipment available for residents if required. All food is stored appropriately and dated. Chemicals are stored in a locked cupboard. A cleaning schedule is maintained.  Residents and the family members interviewed were satisfied with the quality and variety of food served. |
| Standard 1.3.2: Declining Referral/Entry To Services  Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate. | FA | The service records the reasons for declining service entry to potential residents should this occur and communicates this decision to residents/family/whānau. Anyone declined entry is referred back to the referring agency for appropriate placement and advice. |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | All appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Appropriate assessment tools (paper based) were completed and assessments were reviewed at least six monthly or when there was a change to a resident’s health condition in files sampled. Care plans reviewed were developed on the outcomes of these assessments. InterRAI assessments had been completed for new residents within 21 days. The service has not yet embedded the use of the InterRAI assessment tool for six monthly reviews (link 1.2.7.5). |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | PA Low | The long-term care plans reviewed described the support required to meet the resident’s goals as identified by the ongoing assessment process and needs with two exceptions. Allied health involvement was linked to the long-term care plans. Residents and their family/whānau confirm they are involved in the care planning and review process. Care plans evidence resident/relative involvement in care planning and reviews. Short-term care plans were in use for changes in health status. Staff interviewed reported they found the plans easy to follow. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Registered nurses (RNs) and HCAs follow the detailed and regularly updated care plans and report progress against the care plan each shift. If a resident’s health status changes the RN initiates a GP or nurse specialist review. Relatives interviewed state they are contacted for any changes in the resident’s health.  Staff have access to sufficient medical supplies including dressings. Wound assessments and care plans, wound review plans and evaluation notes were in place for nine residents with wounds (six minor wounds, one surgical wound and one facility acquired stage-three pressure injury of the sacrum). RNs have access to specialist nursing wound care management advice through the district nursing service.  Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described  Monitoring forms are completed and reviewed, for example, turning charts, food and fluid charts, behaviour, blood sugar levels and neurological observations and demonstrate interventions to meet resident’s needs, however a shortfall was identified around falls prevention and diabetic management (link 1.3.5.2). |
| Standard 1.3.7: Planned Activities  Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | CI | An activities coordinator is employed 30 hours per week full time to coordinate and implement an activities programme Monday to Friday 8.30am to 3.00pm for all residents. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan. Participation is monitored. One-on-one time is spent with residents who choose not or unable to participate in group activities. Group activities are integrated and occur in both lounges and the dining room. Entertainers and guest speakers visit the home. Weekly interdenominational church services are held. Group activities reflect ordinary patterns of life and include planned visits to the community, including a seniors group and stroke club afternoons. The activity programme was reviewed with a goal to involve the residents in planning of activities and include the wider community. The required standard has been exceeded in this area.  All resident files reviewed have a history profile and activity plan that is evaluated at least six monthly. Residents and families interviewed commented positively on the activity programme. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | In files reviewed, the long-term care plan was 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. Written evaluations identify if the resident/relative goals are met or unmet. Short-term care plans reviewed were evaluated and resolved or added to the long-term care plan if the problem is ongoing as sighted in resident files reviewed. |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)  Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs. | FA | The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The nurses initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs and responded to in a timely manner. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes. The staff provided examples of where a resident’s condition had changed and the resident was reassessed. Examples of close liaison with dietitians, physiotherapists, mental health staff and social workers were sighted in resident files reviewed. |
| 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 | There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety datasheets are available. Staff have completed on-line chemical safety training. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building has a current building warrant of fitness which expires 31 May 2017. There is a full-time maintenance manager employed to address the reactive and planned maintenance programme. All bedrooms (except five) have been fully refurbished including new flooring. New chairs have been purchased for the activities lounge. All medical and electrical equipment has been serviced and/or calibrated. Hot water temperatures are monitored at least monthly and maintained below 45 degrees Celsius. Essential contractors are available 24 hours.  All rooms are large enough to cater for hospital level residents and the equipment and staff required to ensure their needs are met. There are sufficient large bathroom areas and lounge and dining spaces to cater for hospital level residents and there is sufficient equipment including (but not limited to) hoists, air mattresses, electric beds and a shower trolley to cater for the extra hospital level residents when all rooms are dual-purpose.  The facility has sufficient space for residents to mobilise using mobility aids. The external area is well maintained. Residents have access to safely designed external areas that have seating and shade.  Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans. |
| 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 | All bedrooms have toilets and hand basins. There are four bedrooms with full ensuites. There are adequate numbers of shower rooms including a large shower room which can accommodate a shower trolley if required and sufficient large shower/toilets to cater for the potential increased number of hospital level residents when all rooms are dual-purpose. Toilets and showers have privacy systems in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. |
| 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 | There are 44 single rooms and one double room. All resident’s rooms including 16 rest home rooms, are of an appropriate size to allow rest home or hospital level of care. This includes sufficient room for specialist equipment such as hoists and fall out chairs and at least two carers if required. There is sufficient space for the safe use and manoeuvring of mobility aids including those required by hospital level care residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. |
| 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 a rest home dining room and lounge, which are used by more independent residents at both hospital and rest home level care and a hospital dining room and lounge, which are used for more dependant residents. Dining and lounge areas are large enough to cater for the potential hospital level residents when all rooms are dual-purpose. There are seating alcoves within the facility. The communal areas are easily and safely accessible for residents. |
| 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 | The facility is cleaned by dedicated cleaning staff. They have access to a range of chemicals, cleaning equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme and through the chemical provider who visits monthly. Cleaning trolleys are kept in locked areas when not in use.  There is a designated laundry worker seven days a week. The laundry has an entry and exit door with defined clean and dirty areas of the laundry. Residents and relatives interviewed were satisfied with the standard of cleanliness in the facility and the laundry service. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | There are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is a minimum of one first aid trained staff member on every shift and during outings. The facility has an approved fire evacuation plan. Fire drills take place every six months. Smoke alarms, sprinkler system and exit signs are in place. Gas barbeques and torches are available in the event of a power failure. Emergency lighting is in place which is regularly tested. A civil defence kit is in place. Supplies of stored water and food are held on site and are adequate for three days. Electronic call bells are evident in resident’s rooms, lounge areas, and toilets/bathrooms.  The facility is kept locked from dusk to dawn. |
| 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 | General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight. |
| 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 | Radius Baycare Home and Hospital has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the quality system and the Radius KPIs. A registered nurse is the designated infection control nurse with support from the facility manager, clinical manager and the quality management committee (infection control team). Minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The Radius infection control programme was last reviewed in July 2016. |
| Standard 3.2: Implementing the infection control programme  There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | A registered nurse at Baycare Home and Hospital is the designated infection control (IC) nurse. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team (comprising the quality management team and care staff) has good external support from the local laboratory infection control team and IC nurse specialist at the DHB. The infection control team is representative of the facility. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available. |
| Standard 3.3: Policies and procedures  Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. | FA | There are Radius infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by the Radius clinical management team and have been reviewed and updated. |
| Standard 3.4: Education  The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control nurse has completed infection control training. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records. |
| 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. | FA | Infection surveillance is an integral part of the infection control programme and is described in Radius’ infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually and provided to Radius head office. Infections are part of the key performance indicators. Outcomes and actions are discussed at quality meetings and staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the acting facility manager. There have been no reportable outbreaks since the previous audit. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. Restraint minimisation policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers.  There was one hospital level resident using an enabler (bedrails) and six hospital residents with restraints (lap belts and/or bed rails) during the audit.  The resident file was reviewed where an enabler was in use. Voluntary consent and an assessment process were completed. The enabler is linked to the resident’s care plan and is regularly reviewed.  Staff training is in place around restraint minimisation and enablers, falls prevention and analysis, and management of challenging behaviours. |
| Standard 2.2.1: Restraint approval and processes  Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others. | FA | The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (clinical manager) and for staff are documented and understood. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements. |
| Standard 2.2.2: Assessment  Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint. | FA | A restraint assessment tool is completed for residents requiring an approved restraint for safety. Assessments are undertaken by the restraint coordinator in partnership with the RNs, GP, resident and their family/whānau. Restraint assessments are based on information in the care plan, resident/family discussions and observations.  Ongoing consultation with the resident and family/whānau are evident. Two hospital level residents where restraint was in use were selected for review. The completed assessments considered those listed in in 2.2.2.1 (a) - (h). |
| Standard 2.2.3: Safe Restraint Use  Services use restraint safely | FA | Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.  Restraint authorisation is in consultation/partnership with the resident and family and the GP. The use of restraint is linked to the residents’ care plans. Internal restraint audits measure staff compliance in following restraint procedures. Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring is documented on a specific restraint monitoring form, evidenced in two resident files where restraint was being used.  A restraint register is in place providing an auditable record of restraint use and is completed for all residents requiring restraints and enablers. |
| Standard 2.2.4: Evaluation  Services evaluate all episodes of restraint. | FA | The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations are conducted monthly as part of the restraint committee meeting. A review of two resident files identified that evaluations are up-to-date. |
| Standard 2.2.5: Restraint Monitoring and Quality Review  Services demonstrate the monitoring and quality review of their use of restraint. | FA | The restraint minimisation programme is discussed and reviewed at the monthly restraint meetings, attended by the restraint coordinator (clinical manager) and RNs. Meeting minutes include (but are not limited to) a review of the residents using restraints or enablers, updates (if any) to the restraint programme, and staff education and training. |

# 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 1.2.7.5  A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | PA Negligible | The service had made efforts to access InterRAI training for registered nurses (email evidence sighted). An inability to access training and the resignation of staff trained or training (which is beyond Baycare’s control) has meant that while the one currently trained RN has completed InterRAI assessments for all recent admissions, contractual obligations have not all been met. | Two rest home and two hospital level files sampled had risk assessments reviewed in 2016 that did not use the InterRAI tool. The resignation of InterRAI trained or training staff and the inability to access training for new/current staff, which is beyond the control of the facility, have resulted in this. | Ensure sufficient RNs are InterRAI trained to allow contractual obligations are met.  365 days |
| Criterion 1.3.5.2  Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process. | PA Low | Five of seven care plans included documented interventions to meet the resident current health status. Interviews with registered nurses and healthcare assistants and observations determined that this was a documentation issue. Both care plans were amended during the audit. Therefore the risk is assessed as low. | There were no documented falls prevention strategies for one rest home resident who was identified as medium falls risk and a frequent faller. Another rest home resident (long term chronic health condition) who was insulin dependent did not have a diabetic management plan in place. | Ensure there are documented interventions to meet the resident current health status.  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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 1.3.7.1  Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer. | CI | Radius Baycare has reviewed and improved their activities programme and has achieved in providing a stimulating programme with activities that have involved the residents and the wider community. The residents demonstrate pride in their achievements and feel involved in their community. | Following the 2015 residents survey, Radius Baycare identified the need to improve the activities programme and commenced a review of the programme and plan to improve it, which has been implemented. Improvements implemented included:  1) A visit to the local primary schools resulted in the developing a mutual relationship for residents and students which has been ongoing. The pupils of one school spent time showing residents how to make poi and taught them song and poi actions. There is now a resident Kapa Haka group with residents of many ethnicities who practice weekly and have performed at community events such as the stroke club. The residents have developed a close relationship with the pupils and letters have been exchanged. The auditors were honoured to have the Kapa Haka group perform and they were able to witness the pride shown by the residents performing poi and the dexterity required.  2) Other schools visit the home and have presented their speeches and Christmas performances for the residents to enjoy.  3) Residents suggested an outdoors golf course and were involved in the planning and development of this. An outdoor area was landscaped into a nine-hole golf course. Residents made the flags and named each of the nine holes which are based on local tourist sites. Residents entered the Christmas parade, decorated the van and came up with their own theme of Super Heroes with a treasure chest of life on the top of the van. The knitters group made knitted poppies for the Waiouru Military museum to commemorate the 100 years from World War 1. The knitters then continued to make booties and beanies for babies born at the area birthing unit.  4) Photo Dairies – The activity coordinator introduced resident photo diaries to prompt memory of activities and conversation with families about their activities and interests. One day a week is planed so the residents can update their diaries, write captions and scrapbook their diaries. The activity coordinator assists residents to achieve their desired results. The diaries are kept in the resident rooms and available for families to view. Relatives have commented they enjoy coming in to visit and the diaries prompt conversations and memories for the resident.  As a result of the improvements, the activities section of the resident survey has improved from 25% satisfaction in 2015 with resident’s comments that reflected the activities were not stimulating enough and they were not involved in the planning of activities, to 60% in 2016 with no negative comments. |

End of the report.