

Radius Residential Care Limited - Radius Taupaki Gables

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](#).

The specifics of this audit included:

Legal entity:	Radius Residential Care Limited
Premises audited:	Radius Taupaki Gables
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 June 2017 End date: 27 June 2017
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	56

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Radius Taupaki Gables is part of the Radius Residential Care Group. Taupaki Gables cares for up to 60 residents requiring hospital and rest home level care. On the day of the audit, there were 56 residents.

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 resident's and staff files, observations and interviews with residents, relatives, staff and management.

The nurse manager is a registered nurse and has been in the role for four and a half years. She is supported by a clinical coordinator (an enrolled nurse) and the Radius regional manager. A strong management team with a positive vision promote a stable staff and a facility philosophy that result in positive outcomes and experiences for residents and families.

Residents and family interviewed spoke positively about the service provided.

The audit did not identify any areas requiring improvement. The service exceeds the standard around processes around death and dying, good practice, staff orientation, the activities programme, the food service and maintaining a restraint free environment.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

All standards applicable to this service fully attained with some standards exceeded.

Radius Taupaki Gables displays posters and pamphlets describing the Code of Health and Disability Services Consumers' Rights (the Code). Information about resident rights is also provided on admission to the facility. Staff are trained in resident rights and apply these in practice. There is a complaints management process that meets the requirements of Right 10 of the Code. Staff and residents are aware of the complaints process. Resident values and beliefs are discussed in the initial assessment phase following admission and are documented in resident files. Residents are encouraged to participate in community activities and members of the community visit the facility. Resident satisfaction surveys confirm that residents are satisfied or very satisfied that their rights, privacy and cultural needs are respected. Residents have the opportunity to participate in a regular residents' meeting. Residents and family members interviewed praised the service for excellent support provided.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

Services are planned, coordinated and are appropriate to the needs of the residents. A nurse manager is responsible for the day-to-day operations of the facility. Quality and risk management processes are maintained, reflecting the principals of continuous quality improvement. Strategic plans and quality goals are documented and regularly reviewed. Corrective action plans are implemented where opportunities for improvement are identified. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and robust health and safety processes. Adverse, unplanned and untoward

events are responded to in an appropriate and timely manner. Human resources are managed in accordance with good employment practice, meeting legislative requirements. An orientation programme is in place and has been reviewed for new staff. The education and training programme for staff is embedded into practice. Registered nursing cover is provided twenty-four hours a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>All standards applicable to this service fully attained with some standards exceeded.</p>
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There is a comprehensive information package for residents/relatives on admission to the service. The registered nurses complete interRAI assessments, risk assessments, care plans and evaluations within the required timeframes. Care plans demonstrate service integration. Resident and family interviewed confirmed they were involved in the care plan process and review. Care plans are updated when there are changes in health status. Resident electronic files are integrated and include notes by the general practitioner and allied health professionals. The general practitioner (GP) completes an admission assessment, visits and reviews the residents at least three-monthly.

An activities coordinator facilitates the activities programme. The programme is resident-focused and provides group and individual activities planned around everyday activities. Each resident has an individualised plan. Community activities are encouraged, van outings are arranged on a regular basis.

There are medicine management policies and procedures in place that reflect legislative requirements. Medication is managed using a paper-based medication management system. The medication charts are reviewed by the GP three-monthly. All staff responsible for administration of medicines had completed education and medication competencies.

A dietitian, at an organisational level, designs the menu. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food provided.

Safe and appropriate environment

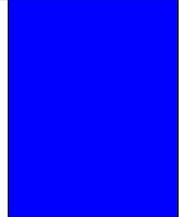
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness. All bedrooms are single occupancy and there are sufficient bathroom facilities to meet the needs of residents. Internal and external areas are safe and easily accessible for residents and family members. Residents can move freely around the facility.

The building, plant and equipment comply with legislation. There is a preventative maintenance schedule in place. There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals were stored safely throughout the facility and there is appropriate protective equipment and clothing for staff.

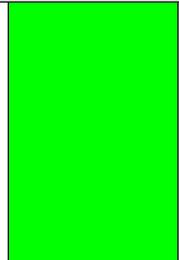
There are policies in place for emergency management. The facility has civil defence supplies. Staff interviews and files evidenced current training in relevant areas. Alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place. There is a person on duty at all times with first aid training. Housekeeping staff maintain a clean and tidy environment. All laundry services are managed off-site.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		All standards applicable to this service fully attained with some standards exceeded.
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The service has alternative systems available so that staff can use restraint as a last resort strategy. The 'no restraint' environment has been maintained and no residents were using enablers.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The nurse manager oversees the infection prevention and control programme and is the designated infection control coordinator. There is a documented job description for the infection control coordinator and the monthly quality meeting is the infection control meeting. The infection control coordinator can contact the DHB infection control nurse specialist or GP at any time for advice and information. The infection prevention and control policies are comprehensive. A monthly infection prevention and control report is completed and reviewed as part of the review of indicators at the organisational operational management team meeting. This allows information to be benchmarked throughout the organisation. Staff have annual infection control training and there are implemented internal audits around the environment and cleanliness that ensures that infection control is monitored.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	3	43	0	0	0	0	0
Criteria	6	88	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Interview with six health care assistants, four registered nurses and an activities coordinator from across all shifts confirmed that they are familiar with, and observe, resident rights. The service has a specific focus on independence and individuality.</p> <p>Eleven residents (six hospital and five rest home) and four families (three hospital and one rest home) confirmed during interviews that resident's rights are observed and promoted. Successive resident/relative satisfaction surveys provide evidence that residents are satisfied that their rights are observed.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. The resident or their enduring power of attorney (EPOA) signs written consents. Advanced directives are signed for separately. There is evidence of discussion with family when the GP completes a clinically indicated not for resuscitation order. Copies of EPOA are kept on the residents file. Staff interviewed confirmed verbal consent is obtained when delivering care. Discussion with family members indicated that the service actively involves them in decisions that affect their relative's lives.</p> <p>Eight resident files sampled (three rest home and five hospital) had signed admission agreements.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Pamphlets about the health advocacy service are available at the entrance to the facility. The admission agreement includes information about the health advocacy service. The health advocate visits the facility at least twice a year. The resident file includes information on resident's family/whānau and chosen social networks.</p> <p>Residents interviewed confirmed that they are familiar with advocacy services and where pamphlets are located. Staff interviewed confirmed that they are familiar with advocacy services.</p> <p>Discussion with family members identified that the service provides opportunities for the family/EPOA to be involved in decisions.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The information pack for new resident's states that visitors are welcome. Visitors were observed visiting residents during the audit. Interview with eleven residents confirms that visitors are welcome.</p> <p>A van is available for transporting residents to community events.</p> <p>Taupaki Gables maintains strong relationships with organisations and individuals in the close knit local community. Discussion with relatives and residents identified that they are supported and encouraged to remain involved in the community and external groups. Some residents participate in church activity, RSA and other community activities and facilities.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are accessible to residents and family. Information about complaints is provided on admission. Interviews with residents and family members confirmed their understanding of the complaints process. Care staff interviewed could describe the process around reporting complaints.</p> <p>The complaints register includes verbal and written complaints, with evidence to confirm that complaints are being managed in a timely manner including acknowledgement, investigation, meeting timelines, corrective actions when required, and resolutions.</p> <p>Ten complaints – eight verbal and two written received in 2017 (year to date), were managed within the required timeframes as determined by the Health and Disability Commissioner. Complaints listed include feedback received on satisfaction surveys. Complaints are linked to the quality and risk management system. One complaint lodged with the Health and Disability Commissioner was closed in May 2017 with no required actions from the service. Despite no action being required the service undertook a number of actions including the development of a children's playground and staff training to</p>

		reduce the likelihood of any similar complaint.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Posters describing the Code are displayed throughout the facility. Information about the Code is included in the admission agreement and a Health and Disability Commission (HDC) pamphlet is included in the information pack for new residents.</p> <p>Pamphlets about the health advocacy service are available at the entrance.</p> <p>Resident's rights are regularly discussed in resident meetings and interviews with residents and family members confirmed that they are aware of their rights.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Staff interviewed described measures they take to respect the dignity, privacy and uniqueness of each resident and their family and were observed knocking on resident's doors before entering the room. Alternative lounge spaces are available for quiet discussion. There is seating in the garden and on the deck for residents to gather/meet with family.</p> <p>In the summary of the resident satisfaction surveys for 2015, 2016 and 2017, resident's expressed satisfaction that their privacy and dignity is respected and their cultural needs are met.</p> <p>Values and beliefs are discussed in the initial assessment phase and are documented on the cultural needs, sexuality/emotional needs and the spiritual requirements forms.</p> <p>Each month there is a scheduled interdenominational church service. There are also visiting chaplains and several residents continue to attend their own church services each Sunday.</p> <p>Access to interpreter services is available.</p> <p>Staff could describe appropriate processes around the prevention, identification and management of abuse or neglect.</p> <p>The service has exceeded the required standard around the processes surrounding the death of a resident.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and</p>	FA	<p>The Māori health plan policy references local Māori healthcare providers regionally within New Zealand. The service links with local marae and whānau to ensure the cultural needs of residents are met when required.</p> <p>There were no Māori residents in the service at the time of the audit.</p>

<p>disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>		<p>The staff interviewed confirmed that in the past there has been a Māori resident and they were able to describe how the service responded to individual needs of the resident.</p>
<p>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.</p>	<p>FA</p>	<p>The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. The client and family are involved in the development of the care plan. At this time plans of care include the identification of cultural needs, spiritual requirements or other special needs. Care plans reviewed included the resident's social, spiritual, cultural and recreational needs.</p>
<p>Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The policy on staff well-being at work addresses discrimination and harassment. There is a policy on disciplinary procedure. The Radius Code of Conduct describes professional boundaries. The employee handbook includes information about professional conduct including gifts and gratuities. Interviews with staff validated that staff are aware of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>CI</p>	<p>There is a comprehensive Radius Care Group strategic and business plan that cascades to the Radius Taupaki Gables business plan with comprehensive review annually. There is evidence that there are significant improvements to service delivery because of the implementation of strategies from the business plan and continued monitoring against targets. Outcomes for the service are monitored with benchmarking across all Radius facilities and with other facilities through the DHB (e.g. through the 'do no harm' project around falls). The Radius Care Group is also looking at benchmarking internationally. Services are provided at Radius Taupaki Gables that adhere to the health and disability services standards. There is an implemented quality improvement programme that includes performance monitoring. The policy manuals have been reviewed and updated and policies are evidence-based. Each policy is referenced to related legislation, policies and clinical guidelines. An annual in-service training programme is implemented as per the training plan with training for registered nurses from the DHB and involvement in the ACE programme for all caregivers. The nurse manager and regional manager attends an annual Radius managers' conference and a mini conference each year. There are registered nurses on each shift and caregivers are described by residents, family and the</p>

		<p>doctor as being caring and competent.</p> <p>The service has been awarded a rating of continuous improvement for the good practice provided by the service.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>An open disclosure policy describes ways that information is provided to residents and families. The admission pack contains a comprehensive range of information regarding the scope of service and any items they have to pay for that is not covered by the agreement. Regular contact is maintained with family, including if an incident or care/health issues arises. Families interviewed, stated they were kept well informed. Fourteen incident/accident forms were reviewed and identified that the next of kin were contacted or if not, justification as to why. Residents' meetings are held two-monthly.</p> <p>The service can access interpreter services through the Waitemata District Health Board. The information pack is available in large print and can be read to residents. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Radius Taupaki Gables is part of the Radius Residential Care Group. Taupaki Gables cares for up to 60 residents requiring hospital and rest home level care. All rooms can be used for either hospital or rest home level care. On the day of the audit, there were 21 rest home level residents and 35 hospital residents. This included two residents receiving hospital level care on young persons with disabilities contracts and two residents, also receiving hospital level care, on individual funding plans. There were no residents under the medical aspect of the contract.</p> <p>The Radius Taupaki Gables business plan is linked to the Radius Care Group strategies and business plan targets. The mission statement is included in information given to new residents. Comprehensive quarterly reviews are undertaken to report on achievements towards meeting business goals.</p> <p>The nurse manager has been in the role for four and a half years, having been the clinical manager in the service for eight years prior to that. She is a registered nurse and is supported in the management role by a regional manager and the clinical coordinator/enrolled nurse (EN).</p> <p>The nurse manager has maintained more than eight hours of professional development activities related to managing an aged care facility.</p>
<p>Standard 1.2.2: Service</p>	FA	<p>When the nurse manager is absent for more than one week, the regional manager and nurse manager</p>

<p>Management</p> <p>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.</p>		<p>stated that an interim manager will be provided either on a contract basis or the position covered by the regional manager. The regional manager is based in Auckland and was the previous manager (registered nurse with current practicing certificate).</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A robust quality and risk management system is in place. Policies and procedures reflect evidence of regular reviews as per the document control schedule. New and/or revised policies are made available for staff to read and sign that they have read and understand the changes. Policies and procedures have been updated to reflect the implemented interRAI procedures.</p> <p>The monthly collation of quality and risk data includes monitoring clinical effectiveness, work effectiveness, risk management/falls, and consumer participation. Data is collated and benchmarked against other Radius facilities. A resident satisfaction survey is conducted each year. Results for 2015 reflected high levels of resident satisfaction with the services received. An annual internal audit schedule confirmed audits are being completed as per the schedule. Corrective actions are developed where opportunities for improvements are identified. There is evidence of corrective actions being communicated to all staff and regularly evaluated. They are signed off by management when completed.</p> <p>Quality initiatives reflect a culture of continuous quality improvement. Systems are in place to measure outcomes and evaluate progress, achieving a continued rating of continuous improvement.</p> <p>Falls reduction strategies include staff knowing the residents who are at risk, managing challenging behaviours effectively, adhering to residents' routines and anticipating their needs, and intentional rounding with frequencies determined by the resident's risks of falling. All healthcare assistants utilise transfer belts to minimise resident harm from falls.</p> <p>Processes are in place for accident and incident reporting, injury prevention and management, workplace inspections, and hazard management. The facility has achieved tertiary level ACC Workplace Safety Management Practice (WSMP).</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or</p>	<p>FA</p>	<p>The service collects a comprehensive set of data relating to adverse, unplanned and untoward events in the electronic database. This includes the collection of incident and accident information. The reporting system is integrated into the quality and risk management programme. Once incidents and accidents</p>

<p>untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>are reported, the immediate actions taken are documented in the incident database. The incidents are then reviewed and investigated by the registered nurse. If risks are identified these are processed as hazards using a hazard identification form. Accidents and incidents are embedded into quality and risk management systems.</p> <p>A discussion with the nurse manager has confirmed her awareness of statutory requirements in relation to essential notification. Police were notified of a serious resident complaint (a facility investigation has concluded that the complaint was unsubstantiated, the police investigation has not yet been closed). A section 31 notification was made about this complaint. Public Health were notified of a potential outbreak involving three residents but concluded the event was not an outbreak.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Radius Taupaki Gables has focussed on human resource management processes to ensure they employ the best staff and equip their staff to provide an excellent service to residents. The standard has been exceeded in this area.</p> <p>There are job descriptions available for all relevant positions that describe staff roles, responsibilities and accountabilities. The practising certificates of health professionals are current.</p> <p>Eight staff files were reviewed (the clinical coordinator, two registered nurses, two healthcare assistants, the maintenance person, an activities coordinator and a household staff member). Evidence of signed employment contracts, job descriptions, orientation, and training were documented on staff files. Detailed reference checks were completed in files sampled. Annual performance appraisals for staff were completed in files sampled. Newly appointed staff complete an orientation that is specific to their job duties. The orientation is over a 90-day period. Interviews with care staff described the orientation programme that includes a period of supervision.</p> <p>The service has a training policy and schedule for in-service education. The in-service schedule is implemented and attendance is recorded. All staff completes a range of competency assessments. Healthcare assistants have achieved an advanced qualification in aged care or are working towards their foundation qualification. Four of eight registered nurses have completed their interRAI training. All registered nurses have current first aid/CPR certificates.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The nurse manager is a registered nurse and the clinical coordinator is an enrolled nurse. There are two or three registered nurses on morning and afternoon shift (depending on resident needs) and one RN on night shift. There are eight healthcare assistants on morning shift and four are rostered a full afternoon shift and four a shorter afternoon shift. There are three healthcare assistants on night</p>

and/or experienced service providers.		<p>shift. Caregivers interviewed reported that staffing is sufficient to meet the individual needs of residents, including encouraging independence, in a timely manner. They reported (and rosters reviewed confirmed) that sick or absent staff are replaced, with bureau staff being used if required. Staff reported that if acuity increases an extra 'floating' staff member is provided.</p> <p>Families and residents interviewed advised that they felt there was sufficient staffing and that call bells are answered in a timely manner.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>Electronic resident files are maintained for each resident. Review of the electronic database provided evidence that all information is entered in a timely manner, is accurate and appropriate to the resident's care needs. All records are identifiable with the name and designation of the person making the entry.</p> <p>Previous resident records are stored in a locked storage area adjacent to the nurses' station. A contracted company is responsible for monitoring of IT processes including back-up. All computers are password protected and staff observed on the day of the audit used passwords to access information.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>The service has admission policies and processes in place. Prior to entry, all potential residents have a needs assessment completed by the needs assessment and coordination service to assess suitability for entry to the service. The nurse manager screens all potential residents prior to entry and records of all admission enquiries are kept in an electronic system. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the nurse manager. The admission agreement form in use aligns with the requirements of the ARRC contract.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>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 are notified if transfers occur.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in</p>	FA	<p>Sixteen medication charts were reviewed (six rest home and ten hospital). There are policies available for safe medicine management that meet legislative requirements. All medications are stored appropriately. All medication charts sampled met legislative prescribing requirements. The medication</p>

<p>a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>charts reviewed identified that the GP had reviewed all resident's medication three monthly and all allergies were noted.</p> <p>All RNs who administer medications had been assessed for competency and attended education on an annual basis. RNs were observed to be safely administering medications. RNs interviewed could describe their role regarding medication administration. The service currently uses robotic packed medications. Medications are stored in line with legislation and guidelines. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. There are currently no standing orders in use. Young persons are supported to self-medicate where appropriate. There were no residents self-medicating on the day of audit.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a fully equipped kitchen and all food is cooked on site. There is a food-services manual in place to guide staff. The kitchen manager advised that a resident nutritional profile is developed for each resident on admission; all nutritional profiles were available in the kitchen for all residents. The nutritional profile is reviewed at least six-monthly as part of the care plan review and the kitchen is notified of any changes as they are identified. 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. Kitchen staff are aware of specific resident needs including but not limited to food allergies, diabetic diets.</p> <p>All kitchen staff have completed food safety training.</p> <p>The kitchen follows a four-weekly rotating seasonal menu, which was reviewed annually by a dietitian (at organisational level). Refrigerators, freezers and cooked food temperatures are monitored and recorded. All food is stored appropriately. Food is delivered via bain-marie to the main dining room and via a hot box to hospital dining room. Residents and the family members interviewed were very happy with the quality and variety of food served. The service has exceeded the required standard around meeting the resident's food needs and wishes.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>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.</p>	<p>FA</p>	<p>The service records the reasons for declining service entry to residents should this occur and communicates this to residents/family/whānau. Anyone declined entry is referred to the needs assessment service or referring agency for appropriate placement and advice.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The facility has embedded the interRAI assessment protocols within its current documentation. Risk assessments and care plan templates were comprehensively completed for all the resident files reviewed. InterRAI initial assessments and assessment summaries were scanned into electronic files sampled. Eight files reviewed across the rest home and hospital identified that risk assessments have been completed on admission and reviewed six-monthly as part of the evaluation. Additional assessments for management of behaviour, pain and wound care were appropriately completed according to need. For the resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans in the electronic management system.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>All resident care plans sampled were resident centred and support needs were documented in detail in an electronic management system. Family members interviewed confirm care delivery and support by staff is consistent with their expectations and they are involved in the care planning and review process. The interRAI assessment process informs the development of the resident's care plan. Short-term care plans are in use for changes in health status, are signed off once completed or transferred to the LTCP. Healthcare assistants interviewed reported they accessed the electronic system to review care plans and write progress notes and they found the care plans easy to follow.</p> <p>One rest home resident identified as high falls risk had a specific falls management plan to keep them safe from falling. Other specific care plans were implemented for specific health needs, including (but not limited to): medical needs, diabetes, pressure injury management and prevention and chronic wounds. One hospital resident had clear instructions for management of specific needs including (but not limited to) a PEG.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Registered nurses (RNs) and HCAs, follow the care plan in the electronic management system and report progress against the care plan at handovers. If external nursing or allied health advice is required, the RNs will initiate a referral (district nurse / hospice nurse, mental health or other specialist nurses). If external medical advice is required, this will be actioned by the GP. HCAs and RNs interviewed state there is adequate equipment provided, including continence and wound care supplies. Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described.</p> <p>Wound care plans, behaviour plans, PEG feed specific plans and pain management plans are evident. Wound management plans were fully documented for all current wounds; wound re-assessment and rationale for when changes were made to the wound plan were fully documented in the electronic wound</p>

		<p>progress notes with each dressing change.</p> <p>There were eleven wounds present on the day of audit. All wounds have been assessed and reviewed in appropriate timeframes. The RNs have access to specialist nursing wound care management advice through the DHB wound care nurse specialist.</p> <p>Interviews with registered nurses and HCAs demonstrated an understanding of the individualised needs of residents. Care plan interventions were comprehensive and appropriate to assessed needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>CI</p>	<p>The service employs two activities coordinators who deliver the activities programme six hours a day across five days per week. The programme provides activities that are meaningful and age appropriate (including younger persons) and relevant for all residents. Time is spent with residents and families to further explore their individual life goals and to aid development of new and meaningful activities. There were vibrant displays (made by residents, families and staff), costumes, food and music from around Europe observed on the day of audit with staff and people from the community in attendance.</p> <p>Rest home and hospital residents join together for the activity programme. Young people with disabilities can participate in a range of activities to support their interests, hobbies and lifelong goals. Participation is monitored and documented. There are strong links with community. Group activities reflect ordinary patterns of life and include at least weekly planned visits to the community. All residents in the facility may choose to attend any of the activities offered. Daily contact is made and one-on-one time spent with residents who are unable to participate in group activities or choose not to be involved in the activity programme. There is a group of volunteers (some returning families) who are involved in the activities programme. The volunteers have been beneficial for residents who require one-on-one time and small group activities such as companionship offered to those less independent residents. Staff and volunteers support activities in the evenings and weekends. There are regular van outings for all residents (as appropriate), regular entertainment and involvement in community.</p> <p>The activity programme is developed a month in advance and a calendar is displayed throughout the facility. There is a 'Taupaki Tattler' that goes out monthly to residents and families advertising the upcoming events.</p> <p>The activity plans reviewed were well documented and reflected the resident's preferred activities and interests. Each resident has an individual activities assessment on admission and from this information an individual activities care plan is developed. The activities plans were reviewed six-monthly. Residents and families interviewed stated they enjoy the variety and excitement of activities offered and they have input into planning of the programme via daily feedback, annual resident survey and at resident meetings.</p>

		The service has exceeded the required standard around the activities provided.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	All initial care plans were evaluated by the RN within three weeks of admission. Care plans reviewed had been evaluated by registered nurses' six monthly, or when changes to care occurred. Written evaluations describe the residents progress against the residents (as appropriate) identified goals. Care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. The GP reviews residents at least three-monthly or when there is a change in health status. The family members interviewed confirmed they are invited to attend the GP visits and multidisciplinary care plan reviews.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. Discussions with registered nurses identified that the facility has direct access to services including DHB nurse specialists, podiatrist and physiotherapy (contracted) services.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	There are implemented policies in place to guide staff in waste management. All 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 were stored safely throughout the facility. Safety datasheets are available.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical</p>	FA	The building has a current building warrant of fitness which expires on 17 June 2018. There is a maintenance person employed full time to address the reactive and planned maintenance programme. All reactive maintenance had been completed. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees

environment and facilities that are fit for their purpose.		Celsius. The facility has sufficient space for residents to mobilise using mobility aids. External areas are well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment (including personal equipment to support individual needs) to safely deliver the cares as outlined in the resident care plans for all people receiving services.
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	Forty-nine of sixty resident rooms have direct access to an ensuite-toilet and hand basin. Eleven resident rooms have hand washing facilities. Residents interviewed confirmed their privacy is assured when staff members are providing assistance with personal cares. There are six communal toilets and nine communal shower rooms. Communal toilets have adequate signage. Visitor/staff toilets are well signed. Hand basins are located in all service areas. All toilets have access to hand basins and adequate hand drying facilities. Hand sanitiser gel is provided throughout the facility. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. The facility was clean and well presented.
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 resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms.
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	The service has a main lounge, a large separate dining area and a second smaller dining area. There are smaller lounge areas within the facility. The lounges and dining rooms are accessible and accommodate the equipment required for the residents and include places where young persons can find privacy within communal spaces. The lounges and dining areas are large enough to cater for activities. Residents are able to move freely through and around these areas and furniture is placed to facilitate this. Residents were seen to be moving freely both with and without assistance throughout the audit.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with	FA	There are cleaning policies and processes. Cleaning audits occur. Corrective actions required are followed through the quality/health and safety as well as all staff meetings. The laundry and cleaning room are designated areas and clearly labelled. All laundry is laundered off-site. Chemicals are stored

<p>safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>in a locked room. All chemicals are labelled with manufacturer's labels. There are sluice rooms for the disposal of soiled water or waste. These are locked when unattended. Residents interviewed were satisfied with the standard of cleanliness in the facility and with the current laundry services.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There are emergency management plans in place to ensure health, civil defence and other emergencies are managed. There is an emergency generator on site. Civil defence supplies are maintained (sighted). Water supplies (including tanks and a bore) are available for emergency usage. Staff received fire evacuation and emergency management training. There is an approved fire evacuation scheme (16 July 2001). Fire drills occur six-monthly. The facility has a grey water recycling system.</p> <p>There are call bells in all communal areas, toilets, bathrooms and all resident rooms. Security policies and procedures are documented and implemented by staff. Visitors and contractors sign in when visiting the facility. There is a registered nurse on-site available and/or on call to all residents 24 hours per day, seven days per week. The staffing level provided adequate numbers of staff to facilitate safe care to rest home and hospital level care residents. First aid training has been provided for staff and there is at least one staff member on duty at all times with a current first aid certificate.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>General living areas and resident rooms are appropriately heated and ventilated. The facility has central heating that is thermostatically controlled. All bedrooms and communal areas have at least one external window.</p>
<p>Standard 3.1: Infection control management</p> <p>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.</p>	<p>FA</p>	<p>There are clear lines of accountability for infection prevention and control that lead from all staff up to the nurse manager and ultimately to the overarching Radius management team. Infection prevention and control is integrated into the monthly quality meetings, which cover quality, health and safety and infection control. All staff aim to keep the environment and residents free from infection. The programme is appropriate to the size and scope of the service.</p> <p>There is a designated infection control coordinator (the nurse manager).</p> <p>A review of the programme was last completed in 2016 for the organisation and an annual review is documented for Radius Taupaki.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator stated that she has access to the DHB IC nurse specialist and GP when required. The infection control team is the staff/quality meeting that is held monthly and this includes qualified health professional/s with the relevant skills, expertise and resources necessary to achieve the requirements of this standard (i.e., the nurse manager, registered nurses and all staff).</p>
<p>Standard 3.3: Policies and procedures</p> <p>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.</p>	FA	<p>There are comprehensive infection control policies that supports the infection control programme. The policies have been developed and are regularly reviewed by a designated clinical group with relevant skills, qualifications and experience at an organisational level. The infection control policies link to other documentation and use references where appropriate.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The nurse manager has attended education relevant to the infection coordinator role and she and external experts provide staff training. Infection control training is provided to staff annually at least with attendance registers indicating that the training is well attended. Residents receive information around infections as per their needs.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been</p>	FA	<p>The surveillance of infection data assists in evaluating compliance with infection control practices. Infections are collated monthly, including urinary tract, upper respiratory and skin. This data is reported to the facility meetings. Monthly data was seen in staff areas. The service submits data monthly to Radius head office where benchmarking is completed. There have been no outbreaks since the previous audit.</p>

specified in the infection control programme.		
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The use of restraint is regarded as a last intervention, when all other interventions or calming/defusing strategies, have not worked. There is a regional restraint group at the organisational level and a restraint group at the facility where restraint is reviewed.</p> <p>There were no residents using restraints or enablers. The facility has been restraint free for the past six years.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	CI	<p>Taupaki Gables reviews all incidents and residents who are at risk both individually and as part of quality processes. The standard has been exceeded around the review of residents needs to maintain a restraint free environment.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.3.2</p> <p>Consumers receive services that are responsive to the needs, values, and beliefs of the cultural, religious, social, and/or ethnic group with which each consumer identifies.</p>	CI	<p>Taupaki Gables has an ethos of providing a home that is respectful and inclusive and acknowledges death as an extension of the process of life at the facility.</p>	<p>In 2015, Taupaki Gable’s management and staff, with input from bereaved families identified that the process for supporting families, residents and staff during the end of life period and after a resident was deceased could be improved. A plan was developed and reviewed with family input. Processes implemented during the end of life period included: educating loved ones throughout the dying process so they understand what is happening, what to expect and the measures being taken to keep the resident comfortable. The service has included in the established advance care planning process additions such as: which family the resident wants present, special outfits to be wearing, items such as teddy bears, jewellery or photos they wish to go with them and specific prayers to be said.</p> <p>Family are encouraged to stay with the resident with a bed and all meals and refreshments provided. Family are encouraged to visit any time of the day or night. A children’s</p>

			<p>area for visiting children has been developed with a swing ball set and play house outside and puzzles, board games and a computer gaming system inside.</p> <p>Following the passing of a resident, family are encouraged to spend as much time as they wish with a resident before the funeral home is contacted. They are provided with refreshments and are given access to a telephone to contact loved ones in New Zealand or overseas. They are also provided with literature about the grief process.</p> <p>Residents are taken out the front door of the facility with staff lining up in a guard of honour and families are invited to meet with the doctor to discuss the resident's death, answer any questions and discuss anything that could have been done differently.</p> <p>A memorial garden has been established in a prominent place where loved ones can scatter ashes if they wish. Family or staff can request a tree planting ceremony in the garden if they wish. Resident interviewed described this as a special place of reflection. Annual memorial services are held with at least 20 people attending and the numbers attending has grown with each service. Additionally, if family, staff or residents request or there have been a group of deaths, extra memorial services are held to allow the sharing of memories and a time to say goodbye. Reflection and reminiscing are encouraged in the days following a resident's death.</p> <p>Relatives are invited to continue to be a part of facility life following the death and to attend activities, special events or simply have a cup of tea. Two families of residents who had passed were interviewed and both visit the facility regularly and describe this as an amazing opportunity afforded to them. Many intangible benefits have resulted from these processes and were described by residents and families interviewed. The number of compliments and gifts received from bereaved families has increased year on year.</p>
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<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	<p>CI</p>	<p>The management and staff at Taupaki Gables provided many examples of good practice. Good practice is promoted by a 'can do' attitude and a philosophy that Taupaki Gables is a place to live life and meet goals so resident's lives are improved by moving to Taupaki Gables.</p>	<p>Taupaki Gables has a philosophy and attitude to help every resident have the best possible quality of life and outcomes and that no goal is unattainable. Some of the interventions implemented to achieve this include engaging external professionals to assist residents to meet their goals, such as private physiotherapists to work with the facility physiotherapist and staff to promote independence with a team approach, promoting independence at every opportunity by ensuring residents remain connected with lifelong activities, encouraging residents to remain mobile and independent and encouraging and fostering friendships and by encouraging family involvement through support groups, events multi-disciplinary meetings and meetings with family where necessary to promote relationships. Additionally, there is an expectation that all residents are capable of improving independence and all staff share an attitude that aging does not preclude the ability to be independent in any way possible. Residents with mental health needs are encouraged to be involved in decision making and a strong rapport is established with staff consistency and the identification of one main support person for residents to provide consistency.</p> <p>Staff work with residents and their families to establish clear boundaries to support the person to best maintain their mental health and to identify early warning signs and increase input immediately when these are identified. Increased input is in the form of increased staff time and promotion of personal strategies rather than medication. Some of the gains for residents because of these examples of good practice include: two residents admitted for long-term care following severe strokes having been discharged home, two residents who had been under the care of mental health services for their entire adult lives have been discharged from mental health services, they have developed effective communication skills and repaired damaged relationships with families. Two residents previously living in squalid conditions with low body weight and little or no community engagement have gained weight and are engaged in facility</p>
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			and community and facility activities. One of these has taken up previous interests including responsibility for the chickens and regularly walking and encouraging other residents to join them.
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	CI	<p>Radius Taupaki has previously used the standard Radius orientation packages which are individualised to individual roles to ensure that new staff were adequately orientated. A project to improve the service provided by all staff and new staff, resulted in an improved orientation package.</p>	<p>In early 2016 the team at Taupaki Gables identified that staff skill, communication, retention and attitudes were key to improving the experience of residents. They identified that a key area to improve these was to review and improve the orientation package for new staff. A ring binder file for each new employee that includes policies, competencies, Taupaki specific guides, orientation to the electronic database and standard human resource forms was developed. The folder also includes a staff discount card and pharmacy voucher to promote staff retention and to thank new staff for choosing Taupaki Gables.</p> <p>The orientation period was increased from the standard three days to a full week working alongside a senior healthcare assistant. Specific HCA training workshops are provided around basic cares and manual handling with senior HCAs assisting in the training and providing tips. The orientating staff member is followed up weekly during the first three months of employment with any shortfalls identified resulting in support and additional training in a timely manner.</p> <p>English for Speakers of Other Languages (ESOL) training is also provided for staff with English as a second language who identify as struggling with Kiwi colloquiums. In addition to this a comprehensive bureau orientation has been developed which includes a Taupaki Gables specific orientation handover, information about the electronic database and policies required for reference. Review and evaluation of the improved orientation processes identified their success in improving resident experience as evidenced by an increase in compliments from an average of 8.1 per month in 2014/2015 to 11.3 in 2015/2016 and now an average of 13.75 average</p>

			compliments per month in 2016/2017.
<p>Criterion 1.3.13.2</p> <p>Consumers who have additional or modified nutritional requirements or special diets have these needs met.</p>	CI	<p>In 2014 the service identified an area to improve resident satisfaction with food services. The service sought increased feedback from residents re likes and dislikes and to plan meals accordingly to prevent complaints. Residents were asked for feedback and the cook sought feedback at every meal time and in resident meetings. The outcome of this has resulted in increased satisfaction over the last three years. The staff interviewed reported a strong emphasis on increasing resident satisfaction with food services at the forefront of their focus.</p>	<p>The service conducts annual resident satisfaction surveys. The survey measures all areas of service delivery including food services. The service identified an area of improvement in resident satisfaction was required for food services.</p> <p>The staff interviewed advised that residents and families were very responsive to the increased opportunities to feedback around food and they appreciated the opportunity to discuss and feedback as a group or individually, directly with the managers, nurses and cook, any matters of concern, likes or dislikes. This led to residents making suggestions for improvements. When residents raise concerns about the standard of meals the cook goes to meet with them to discuss an individual food planner. The cook meets with all new residents to identify their likes and dislikes and plan meals accordingly to prevent complaints. 'Table talk surveys' were implemented when there was a flurry of complaints which have been followed through at resident meetings.</p> <p>Residents are involved in meal planning for special events organised and any special requests are discussed at resident meetings. Special requests have been implemented the following month. Examples include 'Taupaki Takeaways', 'Cultural days' and 'Holiday at home events'. The cook has made sure she is available at mealtimes to review resident feedback. Residents have requested fresh produce and as a result a vegetable and fruit garden has been implemented for resident use with produce being used in the kitchen for all residents to enjoy.</p> <p>Resident's satisfaction with the food service has gone from 25% to 60% over the last three years. Resident meetings are more positive and less focused on food complaints and are now about food planning over the next twelve months.</p>

<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>CI</p>	<p>The existing activities programme is based on resident feedback (sought via a cognitive stimulation therapy programme) and the activities programme has been amended to include space to allow introduction of new resident driven activities. The activities team encouraged residents and families to meet and discuss what activities would be meaningful to the group. There were strong links forged with the team and other residents and families. This resulted in more residents actively participating in activities. Staff interviewed described an increase in resident engagement and satisfaction during the activities that are offered.</p>	<p>In 2014 the service identified an area to improve resident satisfaction around activities. The service implemented a cognitive stimulation therapy programme which identified factors influencing satisfaction (mental stimulation, inclusion, reminiscence, opinions rather than facts, respect, person centred, involvement, choice, build and strengthen relationships, maximise potential) and incorporated these factors in to the current programme for all residents to benefit. Residents and families identified a need to be involved in the planning and implementation of activities. Residents and families held meetings to identify activities of interest to them as a group. Posters were put up on noticeboards to entice residents and families to join in meetings.</p> <p>Improvements have included; one resident maintains the vegetable garden, garden supplies are provided and produce is used in the kitchen, regular van outings are themed and include getting to know 'our Auckland' with recent visits to Auckland museum, naval museum and local beaches. Radius express two-week tours were introduced in October 2016 and include different themes, the first one being a two-week Pacific Island tour. On the days of audit there was an 'express two-week tour through Europe' with a different country (France and Denmark) celebrated each day of audit. Residents, their families and staff get involved with preparation and celebration by creating displays, wearing the national costume, enjoying activities (i.e., snow ball throwing in Denmark), music and food from the region celebrated.</p> <p>As a result of these improvement active (versus passive) participation by residents in activities has been noted to increase from 60% to 95%.</p>
<p>Criterion 2.2.5.1</p> <p>Services conduct comprehensive reviews regularly, of all restraint practice in order to determine:</p>	<p>CI</p>	<p>A combination of review of individual residents and review of incidents trends and the implementation of</p>	<p>Since 2012 the service has had a goal to minimise the use of restraint. Processes including educating residents and families around the risks versus benefits of restraint, often beginning prior to admission, orientating new staff to the goal</p>

<p>(a) The extent of restraint use and any trends;</p> <p>(b) The organisation's progress in reducing restraint;</p> <p>(c) Adverse outcomes;</p> <p>(d) Service provider compliance with policies and procedures;</p> <p>(e) Whether the approved restraint is necessary, safe, of an appropriate duration, and appropriate in light of consumer and service provider feedback, and current accepted practice;</p> <p>(f) If individual plans of care/support identified alternative techniques to restraint and demonstrate restraint evaluation;</p> <p>(g) Whether changes to policy, procedures, or guidelines are required; and</p> <p>(h) Whether there are additional education or training needs or changes required to existing education.</p>		<p>interventions to reduce resident risk have meant Taupaki Gables maintains a restraint free environment.</p>	<p>of no restraint and how to implement this, ensuring confused residents are entertained and included in activities including the provision of fiddle mats/purses and interactive toys, staff being very familiar with resident needs and patterns so needs can be anticipated and behaviours indicating precursors to falls can be immediately addressed, supporting residents who do not require as much sleep at night to spend time in the lounge with staff engaged in an activity, review of psychotropic medications regularly and encouraging other residents and regular visitors to report to staff when residents need extra assistance have resulted in reducing restraint use since 2012 and a restraint free environment for the past five years.</p>
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End of the report.