

# Radius Residential Care Limited - Radius Rimu Park

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## 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 Rimu Park

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

**Dates of audit:** Start date: 2 August 2017 End date: 3 August 2017

**Proposed changes to current services (if any):** Since the previous audit, three rooms that were in the psychogeriatric unit have reverted to dual-purpose beds in the hospital unit, and the psychogeriatric unit now has 20 beds

**Total beds occupied across all premises included in the audit on the first day of the audit: 51**



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Rimu Park is part of the Radius Residential Care Group. Rimu Park cares for residents requiring hospital (geriatric, and medical) psychogeriatric and rest home level care. The facility can cater for up to 55 residents across a 20-bed psychogeriatric unit and a 35-bed dual-purpose hospital and rest home unit (known as 'the hospital'). On the day of the audit there were 51 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 facility manager has resigned and is completing a notice period. They were not present during the audit. A new facility manager with significant aged care management experience has been appointed. The facility manager is supported by a clinical nurse manager who has aged care experience in management roles in Australia and was employed one month prior to the audit. They are both supported by the Radius regional manager.

Improvements are required around staff training, progress note documentation and restraint assessments.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Rimu Park practices in accordance with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights 'the Code' and copies of the code are displayed throughout the facility. There is information available about the Nationwide Health and Disability Advocacy Service. Staff, residents and family verified the service is respectful of individual needs including cultural and spiritual beliefs. There are implemented policies at Rimu Park to protect residents from discrimination or harassment. There is an open disclosure and interpreter's policy that staff understand. Family/friends can visit at any time and interviews verified ongoing involvement with community activity is supported. There is a complaints policy supporting practice and an up-to-date register. Staff interviews confirmed an understanding of the complaints process.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Rimu Park is part of the Radius group and as such, there are organisational-wide processes to monitor performance. The service is managed by appropriately trained personnel and there is a suitable structure in place to oversee service delivery in the absence of the manager. There is an adverse event reporting system implemented at Rimu Park. Monthly data collection and analysis is undertaken and results made known to staff. There is a human resource manual to guide practice. Staff files were reviewed; all had a current appraisal and showed human resource practices are followed. There is a documented rationale for staffing the

service. Staffing rosters were sighted and healthcare assistant staff on duty match needs of different shifts. Resident information is kept confidential and old records are archived.

## Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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There is a comprehensive admission package. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and develops the care plan documenting supports, needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were reviewed at least six-monthly. Resident files included the general practitioner, specialist and allied health notes.

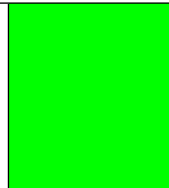
Medications are managed appropriately in line with accepted guidelines. Registered nurses have an annual competency assessment and receive annual education. There is evidence of the three-monthly medication reviews being completed by the general practitioners. The contracted pharmacist audits the medication records and controlled medications. The medication system is in the form of robotic rolls.

All meals and baking are done on-site. Residents' food preferences, dietary and cultural requirements are identified at admission and in an ongoing manner and accommodated. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

One activity coordinator oversees the activity programme for the residents. The programme runs during the day over five days each week. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences.

## 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.

The building holds a current warrant of fitness. Resident rooms provide single accommodation and there are adequate shower and toilet facilities. Resident rooms are personalised. All residents' rooms are large enough to allow for the safe use of mobility and lifting aids. There is a main lounge and large main dining area in the hospital. There is a separate dining area and lounge in the psychogeriatric unit. Outdoor areas are available and seating and shading is provided. There is a large internal courtyard. An appropriate call bell system is available.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. All laundry is completed off-site. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Protective equipment and clothing is provided and used by staff. The cleaning and laundry system includes appropriate monitoring systems to evaluate the effectiveness of the service.

A civil defence/emergency plan is documented for the service. There is a staff member on duty at all times with a current first aid certificate.

## 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.		Some standards applicable to this service partially attained and of low risk.
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There is a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There is a restraint register and an enablers' register. There were six residents requiring restraints (most intermittent) and six residents with identified enablers. All residents with restraint have a restraint care plan and evidence of discussions with relatives and staff observations of residents. Staff are trained in restraint minimisation, de-escalation and the management of challenging behaviour and restraint competencies are completed regularly. Restraint is reviewed for each individual at least monthly and as part of the multidisciplinary review. Multidisciplinary reviews include family/whānau.

## 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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Radius Rimu Park has infection control management systems in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is reviewed annually and meets the needs of the service. The infection control coordinator has attended external education. Relevant infection control education is provided to all service providers as part



of their orientation and as part of the ongoing in-service education programme. 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.

## 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	0	47	0	3	0	0	0
Criteria	0	98	0	3	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>There is an implemented code of rights policy and procedure. Discussions with eight healthcare assistants (three from the psychogeriatric units and five from the hospital) and three registered nurses (two from the psychogeriatric units and one from the hospital), one enrolled nurse (who works in the hospital) and one activities coordinator identified their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights 'the Code'. Interviews with eight residents (five hospital and three rest home) and three relatives (from the psychogeriatric units) confirmed service is provided in line with the Code.</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>Policies and training support staff in providing care and support to enable residents to make choices and be involved in the service. There is an informed consent policy and procedure that directs staff clearly in relation to the gathering of informed consent. Interviews with healthcare assistants identify that consents are sought in the delivery of personal cares. Written consent includes the signed admission agreements. Eight resident files sampled (three hospital level including one ACC, two rest home level and three from the psychogeriatric unit including one respite), included consent for transporting, photographs and provision of care. All eight resident files reviewed included signed consent forms signed by the resident/family/whānau/EPOA. The advanced directives/resuscitation policy was implemented in the resident files reviewed. All advanced directives are completed by the</p>

		resident where able, the GP and discussion with family members is documented.
<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>There is an advocacy policy and procedure that includes how staff can assist residents and families to access advocacy services. Contact numbers for advocacy services are included in the policy, in the resident information folder and advocacy pamphlets are available at reception. Residents are provided with a copy of the code and Nationwide Health and Disability Advocacy services pamphlets on entry.</p> <p>The resident file includes information on resident's family/whānau and chosen social networks.</p> <p>Discussion with relatives identified that the service provides opportunities for the family/ enduring power of attorney (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 client information pack informs that visiting can occur at any reasonable time. Interviews with residents and relatives confirmed that visiting can occur at any time. Family members were seen visiting on the days of the audit. Key people involved in the resident's life are documented in the care plans. There is a family communications/contact sheet in resident files where staff document when family have been contacted.</p> <p>Discussion with residents and relatives verified they are supported and encouraged to remain involved in the community and external groups. There are a number of ways Rimu Park supports ongoing access to community services, for example: RSA and community activities. Discussion with relatives indicated that they are encouraged to be involved with the service and care.</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 complaints policy and procedure states that clients/family/whānau shall have access to a complaints system whereby they can express concern without prejudice and those concerns are addressed. Residents/family can lodge formal or informal complaints through verbal communication, written, resident meetings, and complaint forms or via suggestion box. Complaints information and forms are included in the information pack provided to residents and relatives at entry.</p> <p>Interviews with residents and relatives demonstrated familiarity with the complaints procedure and they stated all concerns/complaints are addressed.</p> <p>The complaints log/register includes date of incident, complainant, summary of complaint, and sign-off as complete. There have been five complaints in 2017 to date. All have documentation of full investigation and resolution including communication with complainants is documented for all</p>

		<p>complaints. One of these complaints involved the DHB and following the complaint, extra alternating air mattresses were purchased and registered nurses received further training in wound management. This complaint was partially substantiated and has been closed by the DHB. A further one of these complaints involved the Health and Disability Commissioner. The complaint is still under investigation but the facility has developed and implemented a comprehensive corrective action plan to prevent recurrence of a similar complaint.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The service provides information to residents that includes the code of rights, complaints and advocacy information. Information is given to next of kin or EPOA to read to and/or discuss with the resident. Interviews with residents and relatives identified they are well informed about the code of rights.</p> <p>The information pack provided to residents on entry includes how to make a complaint, code of rights pamphlet, advocacy and H&amp;D Commission information. The 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.</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>The service has a philosophy that promotes quality of life and involves residents in decisions about their care, respects their rights and maintains privacy and individuality.</p> <p>Regular church services are held in each unit. Contact details of any spiritual/religious advisors are available to staff. Religious dietary requirements identified through assessment and care planning are met as required. Discussions with residents and relatives confirmed the staff are respectful and that their privacy is respected and that cultural and/or spiritual values and individual preferences are identified. Care plans reviewed identified specific individual likes and dislikes.</p> <p>The abuse &amp; neglect policy includes definitions, signs and symptoms for detection, process for reporting, prevention and ensuring resident safety. Staff have completed training around this and could describe appropriate practices to prevent and identify any abuse or neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects</p>	FA	<p>There is a specific Māori health care plan and a culturally safe care policy. Discussions with staff confirmed an understanding of the different cultural needs of residents and their whānau. There is a section in the assessment tool and care plan that includes spirituality, religion and culture, psycho-social needs and family and significant others. In addition, there is a Māori care plan available if the individual resident wishes. The service also utilises local iwi when required for support and advice</p>

and acknowledges their individual and cultural, values and beliefs.		and a Kaumātua who resides at Rimu Park provides support to staff and residents.
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Care planning includes consideration of spiritual, psychological and social needs. Residents indicated that they are involved in the identification of spiritual, religious and/or cultural beliefs. There are regular church services at Rimu Park. Relatives interviewed stated that they felt they were valued, consulted and kept informed. Family involvement is encouraged (e.g., invitation to facility functions).</p> <p>Care plans reviewed included the residents' social, spiritual, cultural and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>There is a comprehensive and implemented discrimination and harassment policy in place. There is a staff policy in relation to gifts and gratuities and the management of external harassment. Residents interviewed informed they were not exposed to exploitation.</p> <p>A staff employment handbook and orientation package includes a code of conduct. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity and privacy and boundaries. Interviews with staff informed an understanding of professional boundaries.</p> <p>Healthcare assistants are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Interviews with healthcare assistants from the psychogeriatric unit could describe how they build a supportive relationship with each resident. Interviews with families from the psychogeriatric unit confirmed the staff assist to relieve anxiety.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Services are provided at Rimu Park that adhere to the Health &amp; Disability Services Standards (2008) and all required legislation and guidelines are adhered to. The service has implemented policies and procedures to provide assurance it is adhering to relevant standards. Policies are reviewed and approved by the clinical management committee at an organisational level. The good practice policy supports staff in ensuring good practice is intrinsic to care delivery. The quality programme is designed to monitor contractual and standards compliance and the quality of service delivery in the facility.</p> <p>Staff are informed when external training is available and financial support is considered. There is support available for those wishing to pursue postgraduate qualifications (appropriate to the area of work). There is access to computer and internet resources and search engines. There is</p>

		<p>organisational membership to Bug Control for infection control updates/training and expert advice.</p> <p>There are implemented competencies for healthcare assistants, and registered nurses including restraint, manual handling, hand hygiene and fire safety, medication and syringe driver (for registered nurses). There are clear ethical and professional standards and boundaries within job descriptions.</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>There is an open disclosure policy. Residents stated they were welcomed on entry and were given time and explanation about services and procedures.</p> <p>Fourteen incident reports were reviewed across the service and all recorded family notification. Relatives informed they are notified of any changes in their family member's health status.</p> <p>The residents and family are informed prior to entry of the scope of services and any items they have to pay for that is not covered by the agreement.</p> <p>The facility has an interpreter policy to guide staff in accessing interpreter services. There are no residents who currently require an interpreter. Residents (and their family/whānau) are provided with this information at the point of entry. Families are encouraged to visit.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health "Long-term Residential Care in a Rest Home or Hospital – what you need to know" is provided to residents on entry. The information pack is available in large print and advised that this can be read to residents. The information pack and admission agreement included payment for items not included in the services. A site-specific booklet; 'Introduction to dementia unit' provides information for family, friends and visitors to the facility. The enquiry pack provides practical information for residents and their families.</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 Rimu Park is a Radius aged care facility located in Whangarei. The facility is certified to provide hospital (medical and geriatric) psychogeriatric and rest home level care for up to 55 residents. Since the previous audit, three rooms that were in the psychogeriatric unit have reverted to dual-purpose beds in the hospital unit, and the psychogeriatric unit now has 20 beds. On the day of the audit there were 17 residents in the psychogeriatric unit including one on respite care. The 35-bed dual-purpose unit had 13 rest home level residents and 21 hospital residents including one funded by ACC on the day of the audit.</p> <p>The current business plan describes the vision, values and objectives of Radius Rimu Park, which includes a person-centred approach. The philosophy of the service also includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks</p>

		<p>associated with their confused states.</p> <p>Annual goals are linked to the business plan and reflect regular reviews via regular meetings and monthly reports to the regional manager.</p> <p>The current facility manager had resigned and was working out a notice period. They were not present during the audit. A new facility manager has been appointed and a start date confirmed to allow an overlap period between managers. She is a registered nurse with many years' experience in aged care management. The clinical nurse manager has significant aged care experience in Australia and has been in the position for one month. She is still undergoing an orientation period with support from the regional manager and other Radius clinical managers. The orientation period has included time at another Radius facility working alongside the clinical manager there.</p> <p>The facility manager has maintained at least eight hours of professional development activities related to managing an aged care facility.</p>
<p>Standard 1.2.2: Service 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>	FA	<p>During the temporary absence of the manager, Rimu Park is managed by the clinical nurse manager with support from the regional manager. Radius has roving clinical managers and roving managers who can provide support during absences.</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>	FA	<p>There is an organisational quality/risk management plan that includes: clinical/care related risks, human resources, health and safety, environmental/service, financial as well as site-specific risks/goals identified for Rimu Park.</p> <p>There are policies and procedures appropriate for service delivery. Policy manuals are reviewed two yearly. New/updated policies are sent from head office. New policies/procedures are put in the staff room with a signing sheet for staff to sign once they have read and understood the documentation.</p> <p>Quality data including collection of monthly accident/incident and infection surveillance data, resident/relative surveys and internal audits are conducted and corrective action plans are developed and implemented when service shortfalls are identified. Quality data is benchmarked against other Radius facilities by head office. There are regular quality, restraint, health and safety, infection control, registered staff and staff meetings with quality data and corrective action plans discussed at these meetings. Resident/relative meetings are held two-monthly in the hospital and psychogeriatric</p>

		<p>units. The 2016 resident/relative satisfaction survey results were not positive and the regional manager reported that it is expected the change of manager will address the issues identified.</p> <p>There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The maintenance person is the identified health and safety coordinator and is supported by the facility manager. Staff and contractors are orientated to health and safety issues and staff and the health and safety team identify and report hazards on hazard forms, which are then eliminated or minimised and added to the regularly reviewed hazard register.</p> <p>Falls prevention strategies for individual residents such as sensor mats, low beds, landing mats, specialised chairs and intentional rounding are implemented and were described by staff interviewed.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>When an incident occurs the healthcare assistant (or staff discovering the incident) completes the form and the RN undertakes an initial assessment. The RN notifies family and GP as required. The clinical nurse manager collects incident reports daily and reviews both the incident and actions taken. Where the action taken is not considered to have been comprehensive, the clinical nurse manager will investigate and escalate to the facility manager. Fourteen incident forms sampled evidenced detailed investigations and corrective action plans following incidents.</p> <p>The staff interviewed could describe the process for management and reporting of incidents and accidents.</p> <p>Accidents and incidents are collated on a monthly form and submitted to head office for benchmarking. Trend analysis occurs at a facility level.</p> <p>Discussions with the regional manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications. Notifications have been made around pressure injuries, staffing shortfalls and an incident involving police and mental health services to move a resident to hospital.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements</p>	<p>PA Low</p>	<p>Eight staff files were reviewed – the clinical nurse manager, three healthcare assistants, one activities coordinator, the cook, one enrolled nurse and one registered nurse. All files reviewed had appropriate employment and human resource documentation including interview and reference check documentation, employment contracts and job descriptions. The files for staff who had been employed longer than one year had an annual performance appraisal. There is a register for staff competencies that shows all competencies are current. Practising certificates were sighted for</p>



<p>of legislation.</p>		<p>registered nurses, the enrolled nurse, GPs, physiotherapist, pharmacy, podiatrist and dietitian.</p> <p>The organisation has a staff orientation policy. Rimu Park has an orientation programme that is specific to worker type. The new staff member is buddied for three shifts with an experienced healthcare assistant (HCA). Staff interviewed confirmed that all staff employed have an orientation period and that this is extended if required. All files sampled had completed orientations.</p> <p>The service has an internal training programme directed by head office that covers all required topics and has been fully implemented for the last year.</p> <p>There are 16 healthcare assistants in the psychogeriatric unit. Six of these have completed the required dementia standards and the other 10 have commenced the training. Not all staff who have been employed for longer than one year have completed the required standards. The DHB has been working with the service to provide access to suitable training.</p> <p>Registered staff are supported to attend internal and external training to maintain current practice. Of the nine registered nurses, only two are interRAI trained, due to difficulty accessing training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratio policy in place that includes a documented rationale for staffing the service. The facility manager and clinical nurse manager, both registered nurses, work full time and share on-call responsibilities.</p> <p>Staffing in each unit is as follows:</p> <p>Psychogeriatric unit: Currently 17 of a potential 20 residents. There is a registered nurse on duty 24 hours per day. On morning shifts three healthcare assistants work a full shift and a 'lounge carer' works from 1 pm to 7 pm. On afternoon shifts two healthcare assistants work a full shift and one works a short shift. On night shift, there is one healthcare assistant.</p> <p>Hospital unit (13 rest home level residents and 21 hospital): Currently 34 of a potential 35 residents. There is a registered nurse on duty 24 hours per day in the weekends. On the morning shift from Monday to Friday an enrolled nurse works the morning shift, overseen by the clinical nurse manager. A registered nurse works the afternoon and night. On morning shifts four healthcare assistants work a full shift. On afternoon shifts two healthcare assistants work a full shift and two work a short shift. On night shift, there is one healthcare assistant.</p> <p>There were three occasions, one in September 2016 and two in July 2017 when the service was unable to provide registered nurse cover in the hospital (two for a morning shift and one for a night shift). On the night shift, there were less than 50 total residents in the facility at the time. Extra staffing was provided and HealthCERT and the DHB were notified.</p>

		<p>There is an activities coordinator from 8 am to 4 pm Monday to Friday. The diversional therapist position is currently vacant and being actively recruited.</p> <p>Staff interviewed stated that there is adequate staffing to manage their workload. When staff are absent and a replacement cannot be found from the current staff, agency staff are used.</p> <p>There is a physiotherapist that is contracted on an 'as required' basis.</p> <p>There is a GP that visits weekly and as required.</p> <p>Residents interviewed confirmed that there are sufficient staff on-site at all times and staff are approachable and in their opinion, competent and friendly.</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>	<p>FA</p>	<p>There are resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and service register. These are paper-based files.</p> <p>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. Informed consent is obtained from residents/family/whānau on admission, for permission to display the resident's name and taking of photographs.</p> <p>Entries in resident files sampled were legible, dated and signed by the relevant caregiver or RN including designation. All resident records contain the name of resident and the person completing the form/entry.</p> <p>Individual resident files demonstrated service integration that also contains GP notes and the allied health professionals and specialist's records if applicable.</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>	<p>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Pre-admission information packs include information on the services provided for resident and families. Admission agreements for long-term residents aligned with contractual requirements. Exclusions from the service are included in the admission agreement. There is a comprehensive information pack provided to all residents and their families for the hospital and psychogeriatric care. Residents and family members interviewed stated that they had received the information pack and had received sufficient information prior to and on entry to the service. All files sampled (except the ACC resident) had NASC approval and all had signed service agreements.</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>	<p>FA</p>	<p>There is a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. A record is kept and a copy is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service via the yellow envelope system. A transfer form accompanies residents to receiving facilities. Follow-up occurs to check that the resident is settled, or in the case of death, communication with the family is made.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All medications are stored appropriately. Sixteen medication charts (six hospital, six psychogeriatric and four rest home) were reviewed. All medication charts sampled were legible, up-to-date and reviewed at least three-monthly by the GP. All 'as required' medication charted included an indication for use. Medication signing sheets were signed following administration.</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. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. There are no standing orders in use.</p> <p>There is currently one rest home resident who self-administers inhaler medications. The resident's competency is checked three-monthly and a record signed by the GP is kept on file.</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 large well-equipped kitchen. All food is cooked on-site. The service employs one head cook, a second cook and three kitchenhands providing meal services over seven days a week. The head cook and kitchen staff stated that all staff have been trained in safe food handling. Fridge/freezer/walk-in chiller and end cooked temperatures are monitored.</p> <p>The kitchen and the equipment are well maintained. The kitchen is clean and all food is stored off the floor. Food in the fridge and chiller were covered and dated. Chemicals are locked away.</p> <p>There is a four-weekly seasonal menu developed by a dietitian (last reviewed April 2017). The kitchen can cater for specific requests if needed. Nutritional profiles are completed by the RN on admission with the aid of the resident and family. Special diets are catered for and documented in the kitchen. Diets are modified as required. Meals are plated in the kitchen and delivered straight to the main dining area and via a hot box system to the other dining area (psychogeriatric unit) to ensure correct food temperatures are maintained. A tray service is available.</p> <p>Food safety information and a kitchen manual are available in the kitchen. Food served on the day</p>

		<p>of audit was hot and well presented.</p> <p>The service encourages residents to express their likes and dislikes. The residents interviewed spoke highly about meals provided and they all stated that staff ask them about their food preferences. Equipment is available on an 'as needed' basis. Residents requiring extra support to eat and drink are assisted, this was observed during lunch.</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>	FA	<p>There is a declining entry section in the admission procedure. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Personal needs, outcomes and goals of residents are identified. Resident files sampled demonstrated that a range of assessment tools were completed in resident files and reviewed at least six monthly including (but not limited to); falls, pressure areas and continence. Nutrition and pain are assessed on admission and as needed and weights and general observations are monitored on a weekly to monthly basis dependant on needs. Assessments are conducted in an appropriate and private manner. The interRAI tool is implemented and assessment outcomes are reflected in care plans (link to 1.2.7.5).</p> <p>Assessment process and the outcomes are communicated to staff at shift handovers, via communication books, progress notes, initial assessment and care plans. Residents and family interviewed, stated they were kept informed and involved in the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans are individually developed with the resident, and family/whānau involvement is included where appropriate. All eight care plans (including one respite) reviewed, were evidenced to be up-to-date. Goals and outcomes are identified and agreed. Care delivery interventions are explained.</p> <p>All eight files sampled had an individualised care plan (respite has a detailed short-term care plan) that covered all areas of need identified. Areas covered in the resident files sampled include (but are not limited to): behaviour, social and emotional needs, cultural needs, falls risk, ADLs, nutrition, elimination and skin integrity needs.</p> <p>Assessments and care plans are comprehensive and include input from allied health including</p>

		gerontology specialists, DHB specialists, dietitians, DHB nurse specialist, physiotherapy and podiatry.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>The service provides services for residents requiring hospital level care, rest home and psychogeriatric.</p> <p>In files sampled, wound care plans, diabetes specific plans, nutrition management, pain management and behaviour management plans were evident. Three of three LTCPs requiring review, evidenced at least six-monthly care plan reviews (one hospital, two psychogeriatric, including one respite and one new admission and one rest home resident had not been at the facility long enough to require review). The use of short-term care plans was evident. These were either signed off once problem resolved or transferred to the LTCP. The care being provided is consistent with the needs of residents, this is evidenced by discussions with residents, family and staff. The GP interviewed was complementary about the quality of service delivery provided and stated referrals by RNs were timely and appropriate.</p> <p>There is evidence of referrals to specialist services such as podiatry, physiotherapy, nutritional, district nurses and gerontology nurse specialist.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described. Wound assessment and wound management plans were in place for seven residents with wounds. Three residents had pressure areas. All wounds had been assessed, reviewed and managed within the stated timeframes. On interview, the three RNs and the clinical manager stated that they could access the DHB wound or continence specialist nurse if they assessed that this was required. There is evidence in files of the wound specialist referrals.</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>	FA	<p>Rimu Park has a full-time (40 hours per week) activities coordinator working Monday to Friday, the psychogeriatric unit has a dedicated healthcare assistant (covering afternoons working 30 hours per week) covering Monday to Friday. One volunteer provides some assistance with activities during the week. A diversional therapist is being actively recruited for the psychogeriatric unit. In the meantime, the programme is overseen and supported by a diversional therapist from another nearby Radius site and the clinical nurse manager. The activities coordinator has completed dementia training.</p> <p>In files sampled, all recreation/activities assessments and reviews are up-to-date. On the day of</p>

		<p>audit, residents were observed being actively involved with a variety of activities in the main lounge of the hospital/rest home and psychogeriatric unit. Residents have a comprehensive assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career and family. Three of the eight resident files reviewed also contained a behaviour section the registered nurse had written that describes individual behaviours and any de-escalating techniques that are appropriate over the 24-hour period.</p> <p>Activities provided are meaningful and reflect ordinary patterns of life. Activities include entertainers, crafts, exercise, music/sing-a-long, movies, outings and visits from local schools and kindergartens. Family members interviewed stated that activities are appropriate and varied enough for the residents. All residents interviewed, stated they were happy with the activities available and are given a choice regarding attendance.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>There was documented evidence that RN evaluations were current and completed for the three of eight care plans that required review (five residents had been at the facility less than six months). GPs review residents' medication at least three-monthly or when requested if issues arise or health status changes.</p>
<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	<p>The service facilitates access to other medical and non-medical services. Referral forms and documentation are maintained on resident files.</p> <p>There is information available pre-admission and in the admission documentation on the health and disability code of rights, advocacy, health practitioners code of conduct and informed consent. Follow-up occurs as appropriate.</p>
<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	<p>The service has implemented policies and procedures for the disposal of waste and hazardous material. There is an accident/incident system for investigating, recording and reporting all incidents and forms are completed by staff. All staff interviewed were aware of practices outlined in relevant policy.</p> <p>All chemicals sighted were appropriately stored in locked areas. Chemicals are supplied by Ecolab and appropriately labelled. Material safety datasheets are available.</p> <p>Sufficient gloves, aprons, and goggles are available for staff. Infection control policies state specific</p>

		tasks and duties for which protective equipment is to be worn.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current warrant of fitness, which expires 1 June 2018. There is a twenty-bed secure psychogeriatric unit.</p> <p>Reactive and preventative maintenance is documented and implemented. Fire equipment checks are conducted by an external fire safety contractor. When an issue requiring maintenance is noticed the facility manager contacts the maintenance person on the same day and in most cases the issue can be repaired or resolved on the same day. The maintenance person works full time and is also available on an on-call basis. External contractors are engaged to complete work as required. A sample of hot water temperatures are taken monthly and these are maintained at (or just below) 45 degrees. When temperatures were observed to be outside acceptable range, corrective actions were initiated and corrected. Medical equipment is due for service and/or calibration in August 2017 and testing and tagging of electrical equipment was completed April 2017.</p> <p>The facility's amenities, fixtures, equipment and furniture are appropriate for the level of service contracted. There is sufficient space to allow residents to move around the facility freely. The hallways have hand rails and are wide enough for appropriate traffic. There is non-slip linoleum in showers and toilet areas throughout the facility. The main hallways and living areas are carpeted. The lounge areas are designed so that space and seating arrangements provide for individual and group activities. Residents' bedrooms throughout the facility have resident's own personal belongings displayed. External areas and garden areas surrounding the facility are well maintained. Level paths to the outside areas provide safe access for residents and visitors. Pathways are clear and well maintained. The outdoor decks in the psychogeriatric unit are secure. There is a designated outdoor smoking area.</p> <p>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.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving</p>	FA	<p>There are an adequate number of toilets and showers in the hospital, rest home and psychogeriatric unit. Each bathroom has a hand basin and communal toilets have hand washing and drying facilities. There are separate staff/visitors' toilets. There is signage to promote effective hand washing techniques in the staff and visitors' toilet. Hand sanitiser gel is provided throughout the facility. The facility was clean, well presented and odour free. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. The floor coverings are carpet and vinyl.</p>

assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>There is adequate space in all bedrooms for residents and staff. Healthcare assistants confirmed they could move freely to provide cares and there is enough space to move mobility equipment safely. Doorways into residents' rooms and communal areas are wide enough for wheelchair, trolley and bed access. Residents interviewed stated they are happy with their rooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The service has a main lounge and dining area in each unit. There are smaller lounge areas within the facility. Residents were seen to be moving freely throughout the facility. Residents can move freely from their bedrooms to communal rooms and the outside. Internal and external doorways are level with pavements, which allows wheelchair access. Activities occur in the main lounges and residents can access their rooms for privacy when required. Residents stated that they are happy with the layout of the hospital.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are cleaning policies and processes. There are sluice rooms in each unit for the disposal of soiled water or waste. On the day of the audit, these were locked when unattended.</p> <p>The cleaning rooms are designated areas and clearly labelled. All laundry is done off-site.</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>	FA	<p>Fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training, emergency evacuation and security situations are part of orientation of new staff and ongoing training. Emergency equipment is available. A civil defence box is available (sighted). There are spare blankets and alternative cooking methods if required (viewed). There is sufficient water stored in bottles for three days per resident.</p> <p>There is at least one staff member on duty at all times with a first aid certificate. The NZ Fire Service approved the evacuation scheme on 20 March 1997.</p> <p>There are call bells in all communal areas, toilets, bathrooms and residents' rooms. Security policies and procedures are documented and implemented by staff. Visitors and contractors sign-in when</p>



		visiting the facility.
<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>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. The facility has thermostatically controlled wall mounted heaters in each resident room and in communal areas. All bedrooms and communal areas have at least one external window. The indoor temperatures were pleasant and warm.</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>	FA	<p>Radius Rimu Park 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 incident reporting system and the Radius KPIs. The enrolled nurse is the designated infection control nurse with support from the clinical nurse manager and DHB infection control service (infection control nurse and microbiologist). Infection control meeting 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 is reviewed annually at organisational level.</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 enrolled nurse is now the IC nurse and is aware of the need to analyse data and the reasons behind this. The IC nurse receives ongoing education and completed DHB training in 2017. In the event of the IC nurse requiring advice this is available through the GP, the DHB resource person or Bug Control.</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</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training and education of staff. The infection control policies link to other documentation and uses references where appropriate.</p> <p>Infection control policies are reviewed as part of the policy review process by Radius. Input is sought from facilities when reviewing policies.</p>

<p>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>		
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The IC nurse ensures training is provided to staff. Informal education is also provided; availability of education was confirmed by healthcare assistants interviewed.</p> <p>The orientation package includes specific training around hand washing and standard precautions. Training on infection control has been provided in 2017. Hand washing is an annual competency. Resident education is expected to occur as part of providing daily cares.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections and internal (process) monitoring is undertaken via the internal audit programme. The service submits data monthly to Radius head office where benchmarking is completed.</p> <p>Infections are collated monthly, including urinary tract, upper respiratory and skin. This data is analysed for trends and the raw clinical indicator data is reported to the quality, RN and staff meetings.</p> <p>There have been no outbreaks since previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service philosophy around restraint is that it is used as an intervention that requires a rationale and is regarded as a last intervention when all other interventions or calming/defusing strategies have not worked.</p> <p>There is a regional restraint group at the organisational level and a restraint group at the facility, where restraint is reviewed.</p> <p>There are six residents with enablers in the form of bed sides and lap belts. Review of files for residents with enablers and interviews with two residents confirmed that enabler use is voluntary and the least restrictive option possible.</p> <p>There were six residents with restraints at the time of the audit (two hospital and four psychogeriatric). The implemented policy around the management of disturbed behaviours reduces</p>

		the need for restraint.
<p>Standard 2.2.1: Restraint approval and processes</p> <p>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.</p>	FA	<p>Responsibilities and accountabilities for restraint are outlined in the restraint minimisation and safe practice policy that includes responsibilities for key staff at an organisational level and a service level. The service has an approval process (as part of the restraint minimisation and safe practice policy) that is applicable to the service. Individual approved restraint is reviewed at least monthly at Rimu Park and as part of the care plan review and multidisciplinary review that involves family/whānau. This had occurred for each of the three files reviewed for residents using restraint.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	PA Low	<p>Assessments are undertaken by suitably qualified and skilled staff in partnership with the resident and their family/whānau. All assessments are reviewed by the restraint coordinator as reported by the restraint coordinator.</p> <p>The two files sampled identified that a restraint assessment, discussion and alternatives form and restraint discussion had been completed (as indicated by the restraint care plan interventions) but had not been documented.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The restraint team includes the restraint coordinator, registered staff, the clinical nurse manager, GP and care staff.</p> <p>Each episode of restraint is documented in sufficient detail to provide an accurate account of the indication for use, duration and its outcome that aligns with a) - g) in this criterion. Restraint monitoring forms include type of restraint used, risks associated with type of restraint, times restraint on/off, toileting, wheelchair lap belt use and repositioning of a resident when in bed. Forms include assessment (link 2.2.2.1), monitoring, risks, consent and alternatives to restraint. Monitoring records demonstrate that for residents with approved restraints in the psychogeriatric unit, a variety of other interventions are implemented before restraint is considered. At times, there are periods of days when individual restraints are not used in the psychogeriatric unit, as other interventions have decreased the need for this.</p> <p>Three restraint files reviewed had a consent form detailing the reason for restraint/enabler and the restraint/enabler to be used. Monitoring forms were completed. A monthly evaluation of restraint</p>

		<p>was completed. Care plans documented management of the risks associated with restraint use and the required frequency of monitoring as determined by the level of risk.</p> <p>The service has a restraint register and enablers register that records sufficient information to provide an auditable record of restraint use.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The files reviewed of residents requiring restraint have been evaluated at least monthly. Family/whānau participate in evaluations and at the residents' multidisciplinary review. Use of restraint is discussed at monthly restraint meetings. The restraint evaluation includes the areas identified in 2.2.4.1 a) – k).</p> <p>A restraint six monthly evaluation is completed of the restraint care plan. Evaluation timeframes are determined by risk levels.</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>	FA	<p>Approved restraint for each individual is reviewed at least monthly by the restraint team and as part of the annual multidisciplinary review with family/whānau involvement.</p> <p>Restraint usage across the facility is monitored monthly and is discussed at meetings. Restraint usage is also benchmarked across the organisation and is reviewed at the organisational level.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	<p>The management team at Rimu Park have focussed on accessing appropriate training for staff, including those working in the psychogeriatric unit. Access to training has been difficult and there are insufficient registered nurses that have been able to complete interRAI training and not all staff that have worked in the psychogeriatric unit for more than one year have completed the required dementia standards or equivalent.</p>	<p>(i) There are three healthcare assistants that have worked in the psychogeriatric unit for more than one year but have not completed the required dementia standards.</p> <p>(ii) Staff turnover and difficulty accessing interRAI training for registered nurses means that the service has insufficient interRAI trained registered nurses to meet contractual</p>	<p>Ensure contractual requirements are met around training for healthcare assistants in the psychogeriatric unit and that there are sufficient interRAI trained registered nurses to meet contractual</p>

			interRAI requirements around timeframes. (One rest home, two psychogeriatric & one hospital resident file had no interRAI within 21 day of admission and one rest home and one hospital resident file did not document routine interRAI assessments).	requirements.  90 days
<p>Criterion 1.3.3.4</p> <p>The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.</p>	PA Low	<p>Assessments and care plans are comprehensive and include input from allied health including gerontology specialists, DHB specialists, dietitians, DHB nurse specialist, physiotherapy and podiatry. Assessment process and the outcomes are communicated to staff at shift handovers, via communication books, progress notes, initial assessment and care plans. Progress notes are completed by registered nurses and healthcare assistants, but not always within required timeframes.</p>	<p>Three of three hospital files sampled had gaps of more than twenty-four hours where progress notes had not been documented.</p>	<p>Ensure progress notes are documented within required timeframes.</p> <p>90 days</p>
<p>Criterion 2.2.2.1</p> <p>In assessing whether restraint will be used, appropriate factors are taken into consideration by a suitably skilled service provider. This shall include but is not limited to:</p>	PA Low	<p>Prior to the use of restraint, the restraint coordinator has a meeting with the family, and the GP reviews the</p>	<p>The two files sampled for residents with restraint did not have a documented restraint assessment.</p>	<p>Ensure a formal restraint assessment is completed and</p>

<p>(a) Any risks related to the use of restraint;  (b) Any underlying causes for the relevant behaviour or condition if known;  (c) Existing advance directives the consumer may have made;  (d) Whether the consumer has been restrained in the past and, if so, an evaluation of these episodes;  (e) Any history of trauma or abuse, which may have involved the consumer being held against their will;  (f) Maintaining culturally safe practice;  (g) Desired outcome and criteria for ending restraint (which should be made explicit and, as much as practicable, made clear to the consumer);  (h) Possible alternative intervention/strategies.</p>		<p>appropriateness of the restraint use. The discussions with family and the GP were documented in the residents' files (two) and the restraint care plans in both files included interventions to be used prior to restraint and interventions to manage the risks associated with restraint use, but a restraint assessment had not been documented.</p>		<p>documented prior to the use of any restraint.</p> <p>90 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

No data to display
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End of the report.