

Radius Residential Care Limited - Radius Rimu Park

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Radius 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: 29 October 2018 End date: 30 October 2018

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 54

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

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 54 residents.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management and staff.

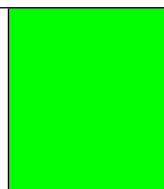
The facility manager is a registered nurse with considerable experience in mental illness and intellectual disability and has been employed in the role for six months. The facility manager is supported by a clinical nurse manager who has been in the role for 8 months and has been employed at the facility in a registered nurse role for over 12 months. They are both supported by the Radius regional manager.

All of the three shortfalls identified at the previous audit have been addressed. These were around staff training, progress note documentation and restraint assessments.

This audit identified improvements required around timeframes of interRAI assessments and care plans and care plan evaluations.

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.

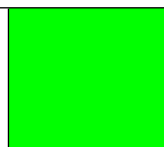


Standards applicable to this service fully attained.

Discussions with one family and review of incident forms identified that they are fully informed of changes in health status. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

Organisational management

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



Standards applicable to this service fully attained.

The facility manager is a registered nurse with experience in psychogeriatric nursing and leadership roles. The quality and risk management programme includes service philosophy, goals and a quality planner. Meetings are held to discuss quality and risk management processes. Residents meetings are held regularly, and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. An education and training programme has been implemented with a current plan in place. Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
--	--	---

Initial assessments and risk assessment tools are completed by the registered nurses on admission. Registered nurses are responsible for care plan development with input from residents and family. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are stored in line with legislation and current regulations. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

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.
--	--	--

A current building warrant of fitness is posted in a visible location. Planned and reactive maintenance occurs.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
---	--	--

Rimu Park has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were four residents with restraint and four residents with an enabler.

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.
---	--	--

Radius Rimu Park has an infection control programme that complies with current best practice. Infection control surveillance is established that is appropriate to the size and type of services. There is a defined surveillance programme with monthly reporting by the infection control coordinator.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	2	0	0	0
Criteria	0	40	0	2	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>A complaints policy and procedure is in place. The complaints procedure is provided to residents and their family within the information pack at entry. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings, and complaint forms. Information on the complaint's forms includes the contact details for the Health and Disability Advocacy Service. Complaints forms are available at reception.</p> <p>The complaints log/register includes date of incident, complainant, summary of complaint, and sign-off as complete. A health and disability complaint from 2016 has been investigated and substantiated and is currently awaiting a response from the director of proceedings.</p> <p>Nine complaints were received in 2017 and seventeen complaints in 2018 year to date, including one district health board (DHB) complaint from January 2018 which resulted in a review of the psychogeriatric unit. The review identified five issues that Radius Rimu Park needed to address. A comprehensive corrective action monitoring plan has been developed by Radius and implemented with the support of the area manager. A further DHB complaint in April 2018 was also substantiated and further issues identified. The corrective action plan from the January complaint was amended to include additional corrective actions. A comprehensive corrective action plan related to these two complaints has been implemented and is closely monitored by the DHB and Radius area manager on a monthly basis. Rimu Park continues to make positive progress in addressing all corrective actions. All complaints have been fully investigated. With the exception of the DHB and HDC complaints, all are signed off as resolved. A review of the complaints register evidences that the appropriate actions have been taken in the management and</p>

		<p>processing of complaints.</p> <p>Interviews with residents and one family member demonstrated familiarity with the complaints procedure and they stated all concerns/complaints are addressed. Residents and family spoke positively of the current management team and all were comfortable in raising concerns.</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>Five residents interviewed (two hospital and three rest home), stated they were welcomed on entry and were given time and explanation about the services and procedures. A sample of 14 incident reports reviewed, and associated resident files evidenced recording of family notification. One relative interviewed (PG) confirmed they have been notified of any changes in their family member's health status. The facility manager, clinical manager, one registered nurse (RN), one enrolled nurse (EN) and five healthcare assistants (three who work in the rest home/hospital on the AM and PM shifts and two who work in the psychogeriatric unit AM and PM shift) were able to identify the processes that are in place to support family being kept informed.</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. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p> <p>Radius Rimu Park distributes regular newsletters to residents and families and hosts a monthly support group for families of residents. The manager visits every resident each day Monday to Friday and provides an opportunity for residents to raise concerns. A seasonal radius care publication is available to residents and families.</p> <p>The facility has an interpreter policy to guide staff in accessing interpreter services. Residents (and their family/whānau) are provided with this information at the point of entry. Families are encouraged to visit and feedback on concerns.</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>Rimu Park is part of the Radius Residential Care group. The facility is certified to provide hospital (medical and geriatric), psychogeriatric and rest home level care for up to 55 residents. On the day of the audit there were 54 residents. The 35-bed dual-purpose unit (included 16 rest home level residents and 19 hospital residents including one funded by ACC and one respite rest home level care resident). The 20-bed psychogeriatric unit included 19 residents including two on respite contracts.</p> <p>Radius has an overall business/strategic plan and Radius Rimu Park has a facility quality and risk management programme in place for the current year. The business plan includes business goals. Progress toward goals is regularly documented and reported. The organisation has a philosophy of care which includes a mission statement.</p> <p>The facility manager is an experienced RN trained in mental health and intellectual disability who has been in the role since March 2018. He was previously employed as the team leader in the psychogeriatric unit and after a gap</p>

		<p>of six months returned as the facility manager. He is supported by a clinical manager/registered nurse (RN) and the Radius regional manager. The facility manager and clinical manager have both completed in excess of eight hours of professional leadership in the past 12 months. Feedback from residents and staff in relation to the current management team was very positive.</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>An established quality and risk management system is embedded into practice. There is an organisational quality/risk management plan 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 is collected including (but not limited to) monthly accident/incident, infection surveillance data, complaints, resident/relative surveys and internal audits. Areas of non-compliance identified through quality activities are actioned for improvement. A detailed corrective action plan implemented in January was amended in April and staff are working as a team to meet all identified requirements. Corrective actions are evaluated and signed off when completed. The facility manager advised that he is responsible for providing oversight to the quality programme. There are regular quality, restraint, health and safety, infection control, registered staff and staff meetings where quality data analysis and trends and corrective action plans are discussed at these meetings. Minutes of these meetings are made available to all staff. Quality data is benchmarked against other Radius facilities by head office.</p> <p>Interviews with three managers (facility manager, clinical manager, and regional manager) and eleven staff (five health care assistants, two RNs, one EN, one kitchen manager, one activities coordinator and one maintenance officer) confirmed that quality data is discussed at monthly staff meetings. Resident/relative meetings are held three-monthly in the hospital and psychogeriatric units.</p> <p>The service has a health and safety management system that meets current legislative requirements. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. All hazards and maintenance requests are entered into an electronic management system. The maintenance person is the identified health and safety coordinator and is supported by the facility manager. The hazard register has been reviewed recently.</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>Standard 1.2.4: Adverse Event</p>	FA	<p>There is an incident/accident reporting policy that includes definitions and outlines responsibilities including immediate action, reporting, monitoring, corrective action to minimise and debriefing. Individual incident/accident</p>

<p>Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>reports are entered into an electronic database for each incident/accident with immediate action noted and any follow-up action(s) required. They are signed off by the clinical manager when completed. The staff interviewed could describe the process for management and reporting of incidents and accidents.</p> <p>A review of 15 incident/accident forms, including one pressure injury, episode of wandering and two of aggressive behaviour identified that forms are fully completed and included follow-up and investigation by a registered nurse. Neurological observations are completed for any suspected injury to the head. The behaviour episodes included further investigation, identification of triggers and implementation of additional interventions.</p> <p>The facility manager and regional manager were able to identify situations that would be reported to statutory authorities including (but not limited to) infectious diseases, serious accidents and unexpected death. Section 31 notifications have been made for pressure injuries including a recent stage three (sighted), and challenging behaviour and four instances where there was inadequate RN cover. Prior to the DHB review early 2018, it was identified that not all aggressive behaviour was fully documented and reported. Review since February identified three section 31's were documented related to resident behaviour. There have been no outbreaks since the last audit.</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>Human resources policies include recruitment, selection, orientation and staff training and development. Seven staff files were reviewed - the clinical nurse manager, one registered nurse, one enrolled nurse, two healthcare assistants, one activities coordinator and the cook. All files included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>The orientation programme provides new staff with an orientation programme that is specific to worker type. Staff interviewed confirmed that all staff employed have an orientation period and that this is extended if required. There is an implemented annual education and training plan that covers all required topics which has been fully implemented. Additional sessions on restraint minimisation and management of challenging behaviours have been held in March and July this year. There is an attendance register for each training session and an individual staff member record of training. In addition to in-service training, staff are required to complete written core competencies. Seventeen HCAs are employed to work in the psychogeriatric unit. Twelve have completed their dementia qualification. Five HCAs are in the process of completing their qualification. All five staff have nearly completed the course and all five been employed in the PG unit for less than eighteen months. The new management team has a strong focus on education and on interview, care staff confirmed education was offered and supported. The previous partial attainment has been addressed.</p> <p>Registered nurses are supported to maintain their professional competency. Three registered nurses have completed their interRAI training. Recent turnover of registered nurses along with difficulty in accessing interRAI training has impacted on the number of interRAI trained staff. There are implemented competencies for registered</p>

		<p>nurses including (but not limited to) medication competencies and insulin competencies.</p> <p>Annual staff performance appraisals are undertaken.</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>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale and reflect safe staffing levels. 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 19 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. On afternoon shifts, three healthcare assistants work a full shift and a lounge carer works from 1.00 pm to 7.00 pm. On night shift, there is one healthcare assistant.</p> <p>Combined hospital and rest home unit (16 rest home level residents and 19 hospital): Currently full occupancy with 35 residents. There is a registered nurse on duty 24 hours per day supported by an experienced enrolled nurse Monday to Friday. On morning shifts four healthcare assistants work a full shift. On afternoon shifts four healthcare assistants work a full shift. On night shift, there is one healthcare assistant.</p> <p>There are two activities staff. One with a dementia qualification works 40 hours a week and has oversight of both areas. A second activities officer works 20 hours per week, currently working in the hospital and rest home side until she has completed dementia training.</p> <p>Staff that were working on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by the residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory and that the managers provide good support. Care staff turnover is low. All current RN vacancies have been filled, however the service reports continued difficulty in this area. A full time experienced team leader is now based in the PG unit and is supported by the management team (both have significant experience in mental health). In addition, a new lounge carer shift has been rostered in the PG unit to assist with late afternoon behaviour management. There continue to be occasions (mostly on night shift) where it has not been possible to fill the second RN shift. When this occurs, an additional senior care staff is rostered on and a section 31 has been submitted. Care staff and management report apart from the occasional RN shift, all vacant shifts are always covered. The clinical manager advises she is now able to focus on her core role.</p> <p>There is a physiotherapist that is contracted on an 'as required' basis.</p> <p>There is a GP that visits twice weekly and as required.</p>
Standard 1.3.12:	FA	Radius Rimu Park uses a paper-based medication system. The medication management policies and procedures

<p>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>comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Registered nurses and an enrolled nurse, and senior medication competent HCAs administer medicines. All staff that administer medication are competent and have received medication management training. Training for RN's on medication administration in May and August 2018 included information specific to drugs used in the PG unit.</p> <p>The facility uses robotic packed medications for the packaging of all tablets. The RN on duty reconciles the delivery and documents this, and any discrepancies are fed back to the pharmacy. All residents have individual medication orders with photo identification and allergy status identified. 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. Medicines administered are signed on the 24-hour pharmacy generated signing sheets.</p> <p>All medications are stored appropriately. Ten medication charts (four hospital, four psychogeriatric and two 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. PRN medication was signed on the paper charted and efficiency documented in the progress notes. Staff interviewed advised PRN medication for residents in the PG unit was only used if other strategies were ineffective. Medication signing sheets were signed following administration.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>There is a fully functional kitchen and all food is cooked on site. There is a food services manual in place to guide staff. A food control plan is in place and valid until December 2018. The kitchen staff have completed food safety training. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded. All food is stored appropriately.</p> <p>The service employs a kitchen manager, a weekend cook and morning and afternoon kitchenhands providing meal services over seven days a week. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff. This document is reviewed at least six monthly as part of the care plan review. The kitchen is able to meet the needs of residents who require special diets and the kitchen manager works closely with the RNs on duty. The kitchen manager and cook follow a rotating seasonal menu, which has been developed and reviewed by a dietitian. 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. Residents requiring extra support to eat and drink are assisted, this was observed during lunch. There is special equipment available for residents if required. Residents and the family members interviewed were very happy with the quality and variety of food served.</p>
<p>Standard 1.3.6: Service</p>	PA Low	<p>The service provides services for residents requiring hospital, rest home and psychogeriatric level care.</p>

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>In files sampled, wound care plans, diabetes-specific plans, nutrition management, pain management and behaviour management plans were evident. Four of four LTCPs requiring review, evidenced at least six-monthly care plan reviews (one respite psychogeriatric resident did not require a review). The use of short-term care plans was evident, however did not evidence an evaluation or evidence of resolution. Despite this, interventions that continued to be required had been transferred from the STCP to the LTCP. Care plan interventions including intentional rounding and food and fluid charts demonstrate interventions to meet residents' needs. All two-hourly turning charts reviewed consistently documented two-hourly turns. The care currently being provided is consistent with the needs of residents and 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 including, one stage three pressure injury, three ulcers, a haematoma and an infected toenail.</p> <p>All wounds had been assessed, reviewed and managed within the stated timeframes. On interview, the RNs, EN 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>	<p>FA</p>	<p>Rimu Park has one full-time (40 hours per week) activities coordinator (AC) working Monday to Friday with a second part-time activities staff member working 20 hours per week. The full-time AC has a dementia qualification and is currently completing her diversional therapy training. Advised that once the part-time activities officer completes her dementia training, both activities staff will rotate through both units. One volunteer provides some assistance with activities during the week. The programme is overseen and supported by a diversional therapist from another nearby Radius site and the clinical nurse manager.</p> <p>Each resident has an individual lifestyle, leisure and pastoral assessment on admission and from this information an individual activities plan is developed as part of the care plan by the registered nurses, with input from the activities staff. This is evaluated six monthly when the care plan is evaluated. All recreation activities assessments and evaluations reviewed were up to date. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan and significant time is dedicated to one-on-one activities. Participation is monitored.</p> <p>Activities provided are meaningful and reflect ordinary patterns of life and include planned visits to the community.</p>

		<p>Activities include entertainers, crafts, exercise, music/sing-along and movies. There are regular van outings twice a week for both PGU and hospital/rest home residents with trips to local beaches, rose gardens, parks and antique club shows. Rimu Park also interact with another rest home for park picnics. Links to the community are maintained with regular outings to the RSA or Kamo club and to monthly country and western and Scottish group concerts. There are two multi-denominational church services and one catholic communion service held on site each month. The local kapa haka group visits six weekly and students from the local high school come in every Friday to read to the residents.</p> <p>On the day of audit, residents were observed being actively involved with a variety of activities in the main lounge of the hospital/rest home and psychogeriatric unit. Three of the three PG resident files reviewed (sample increased) 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>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>RN's are responsible for assessing the initial care plan within three weeks of admission however timeframes have not always been met (link 1.3.3.3) There was documented evidence that RN evaluations were current and completed for the four care plans that required review (one resident was a respite stay and did not require review. All changes in health status were documented and followed up. Reassessments had been completed using InterRAI LTCF for residents who had a significant change in health. Short-term care plans sighted were documented but not always evaluated and resolved (Link 1.3.6.1). GPs review residents' medication at least three-monthly or when requested if issues arise or health status changes.</p>
<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 2019. Reactive and preventative maintenance is documented and implemented. The maintenance person works full-time and is also available on-call. External contractors are engaged to complete work as required. A new computerised bell system was installed in August 2018 and will be fully commissioned following a planned computer upgrade. Plans for an upgrade to the external deck and garden area of the psychogeriatric unit have been confirmed and are due to commence very soon.</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 3.5:</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</p>

<p>Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>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</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 four residents with enablers in the form of bed rails. These were requested by the residents. The assessment process ensures enablers are voluntary and the least restrictive option. This was evident in review of one of the files of a resident using an enabler.</p> <p>There were five residents using restraints at the time of audit. Staff have been provided with training on restraint minimisation and management of behaviours that challenge in March and July. Staff advise they also receive impromptu training at handovers and staff meetings specific to behaviour management</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>	FA	<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 and documented. The previous partial attainment has been addressed.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	InterRAI assessments and long-term care plans are completed by registered nurses. All interRAI and care plans reviewed were up to date and current, however previously the high registered nurse turnover and difficulty in training new staff has impacted on interRAI reassessments and initial long-term care plans meeting the required timeframes. The service has recently employed two new RNs.	<p>i) Two initial long-term care plans were not completed within three weeks of admission.</p> <p>ii) Three interRAI reassessments had not been completed six monthly.</p>	<p>i) Ensure all long-term care plans are completed within three weeks of admission.</p> <p>ii) Ensure all interRAI assessments are completed at least six monthly.</p> <p>90 days</p>

<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Low</p>	<p>Short-term care plans are implemented for acute or short-term changes in a resident's health. Interventions are documented and if the interventions continue to be required, they are added to the long-term care plans. Short-term care plans reviewed were not always evaluated or closed when no longer needed or transferred to the LTCP.</p>	<p>Two residents with two or more short-term care plans remained open several months after commencement with no documented evaluations.</p>	<p>Ensure short-term care plans are reviewed and either resolved or transferred to the long-term care plan.</p> <p>90 days</p>
---	---------------	--	---	--

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, 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

End of the report.