# Radius Residential Care Limited - Radius Matua Lifecare

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

The specifics of this audit included:

**Legal entity:** Radius Residential Care Limited

**Premises audited:** Radius Matua

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

**Dates of audit:** Start date: 16 October 2018 End date: 17 October 2018

**Proposed changes to current services (if any):** One family room has been converted to a hospital level room increasing overall bed numbers by one.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 142

# Executive summary of the audit

## Introduction

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

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

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

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Radius Matua is part of the Radius Residential Care Group. Matua cares for up to 154 residents requiring hospital (medical and geriatric), rest home and dementia level care. On the day of the audit there were 142 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 has been in the role for four years and has previous experience in aged care management. He is supported by a clinical manager, an assistant facility coordinator and the Radius regional manager. Residents and family interviewed spoke positively about the service provided.

This audit has not identified any areas requiring improvement.

The service has continued to exceed the required standard around communication, falls reduction, activities and food services.

## Consumer rights

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

Discussions with families 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

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Standards applicable to this service fully attained. |

The facility manager is qualified and experienced for the role. The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities, including Radius key performance indicators, are conducted and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Resident 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

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. |  | All standards applicable to this service fully attained with some standards exceeded. |

The registered nurses are responsible for each stage of service provision. Initial assessments, care plans and evaluations are completed by registered nurses within the required timeframes. Care plans and worklogs (developed on the electronic resident system) are written in a way that enables all staff to clearly follow their instructions. The general practitioner reviews residents at least three monthly. There is allied health professional involvement in the care of the residents.

The activity programme is varied and interesting and includes outings, entertainment and links with the community. Each resident has an individual leisure care plan. There are separate activity programmes for each unit with some integrated activities. The activities in the dementia unit are flexible and meaningful.

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

Meals and baking are prepared and cooked on-site. The menu is varied and appropriate and has been reviewed by a dietitian. Individual and special dietary needs are catered for. Alternative options are provided. There are nutritious snacks available 24 hours.

## Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. |  | Standards applicable to this service fully attained. |

The building has a current building warrant of fitness.

## Restraint minimisation and safe practice

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

Matua 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 no residents with restraint and one resident with an enabler.

## Infection prevention and control

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| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. |  | Standards applicable to this service fully attained. |

Matua 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.

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| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 1 | 15 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 4 | 37 | 0 | 0 | 0 | 0 | 0 |

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

# Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

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

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | 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.  Six complaints were received in 2017 and nine complaints for 2018 year to date. All complaint responses were completed within the contractual timeframes in accordance with guidelines set forth by the Health and Disability Commissioner. A review of the complaints register evidences that the appropriate actions have been taken in the management and processing of these complaints. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Four residents interviewed (one 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 twelve incident reports reviewed, and associated resident files evidenced recording of family notification. Five relatives interviewed (three hospital and two dementia) confirmed they are notified of any changes in their family member’s health status. The facility manager, clinical manager, assistant facility coordinator, six registered nurses (RNs), one enrolled nurse and five healthcare assistants (two who work in the rest home and two hospital on the AM and PM shifts and one who works in the dementia unit on the AM shift) were able to identify how family are kept informed.  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.  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. . |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Matua is part of the Radius Residential Care group. The service provides rest home, hospital and dementia level care for up to 154 residents. The service has increased the bed numbers by one as a result of the conversion of a lounge room in the Magnolia wing. This room was previously used as a visitors lounge and was assessed as suitable for hospital level care. On the day of the audit, there were 142 residents. Sixty-one residents were at rest home level care (including five residents living in studio units), 59 at hospital level care and 22 at dementia level care. There are five dual-purpose beds in the rest home wings. Two residents are on respite contracts (one rest home and one dementia). On the day of the audit, all residents were on the aged residential care contract.  Radius has an overall business/strategic plan and Matua 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 reported. The organisation has a philosophy of care which includes a mission statement.  The facility manager is well trained and experienced in health management and has been in the role for four years. He is supported by a clinical manager/registered nurse (RN), an assistant facility coordinator and the Radius regional manager. The clinical manager has been in the role for twenty years. The facility manager has completed in excess of eight hours of professional development in the past 12 months. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | There is an organisational business plan that includes quality goals and risk management plans for Radius Matua. The quality system continues to be implemented to evidence a culture of quality improvement. Interviews with three managers (facility manager, clinical manager and assistant facility coordinator) and staff (five healthcare assistants, six RNs, one EN, one kitchen manager, one diversional therapist and one maintenance officer) confirmed that quality data is discussed at monthly staff meetings.  Discussions with the managers, and staff reflected staff involvement in quality and risk management processes. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data, which are utilised for service improvements. Results are communicated to staff in meetings and on staff noticeboards. Corrective action plans are implemented where results reflect opportunities for improvements. Corrective actions are signed off when implemented. The service has continued to exceed the required standard around the use of quality data to reduce resident falls.  The service's policies are reviewed at national level by the clinical manager group with input from facility staff every two years. New/updated policies are sent from head office. Staff have access to manuals.  Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed.  The service has a health and safety management system that meets current legislative requirements. Risk management, hazard control and emergency policies and procedures are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. All new staff and contractors undergo a health and safety orientation programme.  Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The last survey reviewed identified positive feedback in all areas other than ongoing issues with the temperature of food. A corrective action has been developed in response to this. Resident meetings are held three monthly |
| Standard 1.2.4: Adverse Event Reporting  All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner. | FA | There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the clinical manager and analysis of incident trends occurs. Incidents are included in the Radius key performance indicators (KPIs). There is a discussion of incidents/accidents at monthly staff meetings including actions to minimise recurrence. Clinical follow-up of residents is conducted by a registered nurse as confirmed on 12 incident reports sampled. Discussions with the facility manager and regional manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Senior management were aware of the requirement to notify relevant authorities in relation to essential notifications. Two section 31 incident notification forms were completed in the past 12 months. The notifications related to stage three pressure injuries in 2017. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | There are human resource management policies in place which includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual’s qualifications, experience and veracity. A copy of practising certificates is kept. Eight staff files were reviewed (one clinical manager, one staff RN, one team leader RN, three healthcare assistants, an activities coordinator and a kitchen manager) and evidenced that reference checks are completed before employment is offered. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. An annual in-service programme is provided with all compulsory sessions provided either annually of bi-annually. Processes are in place to ensure all staff attend required education.  There are 35 caregivers who work in the dementia unit. Twenty-six have completed the ACE dementia NZQA standards and the other nine are all enrolled and have not yet worked in the dementia unit for 18 months. The activities coordinator is also undertaking dementia training.  There are 12 RN’s that are interRAI trained. Registered nurses have the opportunity of attending external DHB education sessions, gerontology conferences and care residential care forums, wound and communications seminars. Competencies are completed at the compulsory monthly training days and include manual handling and hoist use. Care staff are supported to attend external training such as hospice courses. Level 2 and 3 Careerforce training is provided on site and all care staff are supported to achieve Level 3 with onsite assessors |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | A Radius policy is in place for determining staffing levels and skills mix for safe service delivery. Sufficient staff are rostered on to manage the care requirements of the residents. A senior nursing team is in place, with three team leaders, RNs (one for each service level) and a clinical manager who works Monday to Friday and provides rotating on call cover. Registered nurses have sufficient time available to complete interRAI assessments and care planning evaluations within contractual timeframes. Interviews with residents, family members, HCAs and RNs identified that staffing is adequate to meet the needs of residents.  The two hospital wings (Camelia and Magnolia) with 27 and 26 residents are rostered separately with one RN per shift on morning and afternoon shifts and one RN covering both wings on night shift. The team leader RN also works 8.00 am – 4.00 pm Monday to Friday. There is an additional RN on morning shift on weekdays who works across both wings. Each wing has five healthcare assistants rostered on morning shifts (four long and one short), four on afternoon shift (two long and two short) and one HCA in each wing on night shift and one HCA working across both wings.  The three rest home wings (Kowhai, Rimu and Rata) with three hospital and 64 rest home residents are rostered as one unit. In addition to the team leader who works Monday to Friday 8.00 am to 4.30 pm, there is one RN rostered on morning, afternoon and night shifts. An additional RN works two shifts per week to complete interRAI assessments. There are eight HCAs rostered (four long and four short) on morning shift, six on afternoon (three long and three short) and two on night shift.  The dementia unit (lavender wing) has 22 residents. There is a team leader RN rostered each weekday from 9.00 am to 5.30 pm. In addition, an RN is rostered every morning shift. There are three HCAs (two long and one short) on both morning shift and afternoon shift with one rostered on at night. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management policies and procedures comply with medication legislation and guidelines. Registered nurses, enrolled nurse and senior HCAs administer medications and have completed medication competencies and medication education. Medications are delivered in robotic rolls with documented evidence (signing the first sachet) that these have been checked against the medication chart. All medications were stored safely within the four wings (rest home, two hospital wings and dementia wing). A bulk supply order of pharmaceuticals is kept for hospital level residents. All medications were within the expiry date. All eyedrops in use in trolleys were dated on opening. There were no self-medicating residents. Medication fridges are checked daily. Vaccines are not stored on-site.  Sixteen medication charts (paper-based) were reviewed (six hospital, six rest home and four dementia care) and met prescribing requirements. All medication charts identified an allergy status and had photo identification. ‘As required’ medications had indications for use. There is a weekly review of challenging behaviour chart for all residents on antipsychotic medications. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | All food and baking is prepared and cooked on-site by qualified cooks, supported by qualified chefs, supported by morning and afternoon kitchenhands. A full-time kitchen manager oversees the food services. All food services staff have completed safe food handling training. The food control plan has been verified by MPI on 2 August 2018. The four-week rotating summer menu has been reviewed by a dietitian. The main meal is at midday. The service accommodates special diets such as pureed meals, high protein and high calorie diets (on request), diabetic desserts, vegetarian and provide alternatives for dislikes. Meals are delivered in hot boxes to the dining room kitchenettes where they are served by staff. The chef serves meals for the rest home residents. Buffet breakfast is served in the hall weekly, with positive resident feedback. Themed restaurant evening meals have been held in the hall with very good feedback from residents and relatives. There are nutritious snacks available 24 hours in the dementia care unit. There is special crockery and utensils available for residents if required.  The temperatures of refrigerators, freezers and chiller are monitored and recorded daily. End-cooked meat temperatures are taken on all meals and recorded. Incoming goods have temperatures taken and recorded. All food is stored appropriately and dated. A cleaning schedule and opening and closing of service checks is maintained.  Residents and the family members interviewed commented positively about the quality and variety of food served. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Registered nurses (RNs) and HCAs follow the regularly updated electronic care plans and report progress against the care requirements each shift. If a resident’s health status changes, the RN initiates a GP or nurse specialist review. Relatives interviewed stated they are contacted for any changes in the resident’s health. The record of family communication is kept in the resident electronic record.  Staff have access to sufficient medical supplies including dressings. Wound assessment and care plans, wound review plans and evaluation notes were in place for residents with wounds including skin tears, chronic venous ulcers and pressure injuries. There were three pressure injuries including one stage one and two stage two. One stage two pressure injury was present on admission. Photos demonstrate healing. The wound nurse specialist has been involved in the management of complex wounds.  Electronic monitoring forms are completed and reviewed, for example, re-positioning charts, food and fluid charts, blood pressure, weight charts, behaviour charts, blood sugar levels, bowel records, pain monitoring and neurological observations. Behaviour management plans identify potential behaviours, interventions and de-escalation techniques including activities. |
| Standard 1.3.7: Planned Activities  Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | CI | A registered and qualified diversional therapist (DT) is employed 8.00 am to 4.30 pm Monday to Friday. The DT oversees the team of activity coordinators who implement an activity programme in each of the units (rest home, hospital and dementia care). There is an activity coordinator on in each unit Monday to Friday and they work alternate Saturdays to cover activities in each unit. The activity team are supported by volunteers and HCAs to implement the activity programme. There are adequate resources for HCAs to incorporate activities for residents into their duty on Sundays and after hours. The DT is also directly involved in activities with residents. There is a designated HCA for afternoon activities in the dementia unit.  The rest home and hospital programme includes activities such as paper reading, sit and be fit exercises, craft, cooking, board games, poems and stories, sing-a-longs, movies, happy hours, gardening and walks. There are many integrated activities including entertainment, celebrations and sports games which are held in the hall. Community visitors include college students, kapa haka groups, pre-school and school children, SPCA pet therapy, mobile library and inter-home visits. Church services are held regularly. The DT coordinates and involves residents in annual charity events.  The programme in the dementia unit has scheduled events such as entertainers, happy hour, games, floral activity, cooking, walks and pampering sessions. Activities are focused on meaningful household chores such as dishes, clearing tables, sweeping (indoors and outdoors), collecting newspaper, dusting, hanging out washing and vegetable preparation. There is a guide for care staff for indoor activities, outdoor activities and quiet activities.  There are weekly outings for rest home, hospital and dementia care residents. The service has a van which can also accommodate three residents in wheelchairs. There are outings into the community, scenic drives and concerts. The gentleman’s club continue to visit places of interest including the RSA for lunches. There are several new interest groups that have developed including a close relationship with the community theatre group.  All resident files reviewed on the electronic system have an individual life history and leisure care plan that is evaluated at least six monthly. Residents and families interviewed commented positively on the activity programme. Residents have the opportunity to feedback on the activity programme through the two-monthly resident and family meetings. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | All initial interim care plans are evaluated by the registered nurses within three weeks of admission for long-term residents. Electronic evaluations (multidisciplinary – MDT case conference) are completed at least six monthly. In the electronic files reviewed, the long-term care plan was evaluated at least six monthly for long-term residents who had been at the service six months. There is at least a three-monthly review by the GP. Input into the case conference written evaluation includes the GP, physiotherapist, activity coordinator, HCA, pharmacist and resident/relative (as appropriate). The case conference identifies if the resident/relative goals are met or unmet. Changes are made to the care plan. Short-term care plans sighted on e-case have been evaluated and resolved or added to the applicable long-term care plan if the problem is ongoing. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building has a current building warrant of fitness that expires 26 February 2019. There is a reactive and planned maintenance programme that includes testing and tagging of electrical equipment, calibration of medical equipment and hot water temperatures. Essential contractors are available 24 hours.  A family room has been converted to a dual-purpose resident room in one of the hospital wings. The resident room had a hand basin and toilet ensuite with a privacy lock. There are call bells within the ensuite and the resident room. The communal shower is within a reasonable walking distance or assisted transfer with a wheelchair. There is a widened door and the room is spacious enough to manoeuvre a hoist for resident cares if required. There is an external window and plenty of natural light in the room.  The gardens and grounds in the dementia unit have been upgraded to include bright outdoor paintings on the walls and garden art. There is a spacious outdoor courtyard with a shared aviary and a safe walking pathway. Seating and shade are provided. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | The surveillance of infection data assists in evaluating compliance with infection control practices. Infections are collated monthly - including urinary tract, upper respiratory, skin and infections that do not require antibiotics. This data is analysed and acted upon to a level that exceeds the required standard and reported to the facility meetings. Monthly data was seen in staff areas. The service submits data monthly to Radius head office where benchmarking is completed. There has been one respiratory and one gastric outbreak since the previous audit. Both outbreaks were well managed and included staff debrief meetings and public health notifications. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | The service has documented systems in place to ensure the use of restraint is actively minimised. There was one resident with an enabler and no residents using restraint. All necessary documentation is available in relation to the restraints. Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. There has been no restraint used at Radius Matua for five years. |

# Specific results for criterion where corrective actions are required

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

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

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

|  |
| --- |
| No data to display |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 1.1.9.1  Consumers have a right to full and frank information and open disclosure from service providers. | CI | Radius Matua have a culture of open communication and ensuring families are informed of each resident’s progress and ongoing health needs. As part of this the facility recognised that families of dementia residents often struggled with their loved one’s behaviours and understanding of the progression of dementia. Radius Matua introduced the sparkle group to provide support to families | The Sparkles group was first introduced in July 2015 to welcome new residents/families to enable them to feel involved in the “Lavender” (dementia unit) and to educate families regarding dementia. The Sparkles group has continued to provide a forum for both new and existing families. Families are notified of upcoming event by email and attendance has remained consistent with an average of ten attending two monthly meetings. In June this year a meeting was held with a dementia specialist invited to speak. Twenty families attended, and feedback was very positive. Five documented responses from a recent survey confirmed the benefits of guest speakers, sharing of experiences and the support of others involved in caring for residents with dementia. All responses were positive and supportive of continued forums. |
| Criterion 1.2.3.6  Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers. | CI | Systems are in place for the collection, analyses, and evaluation of quality data. Data analysis identifies normal variation, patterns and trends. Communication of results occurs across a range of meetings. | Matua continues to strive to reduce the rate of falls. As part of this, weekly input from physiotherapy has increased from 21 to 24 hours per week with assessment of all new residents and those identified at risk of falls. Strategies continue to be implemented including, improved lighting, hydration strategies, intentional rounding and the use of falls prevention equipment such as perimeter mattresses, sensor mats, and night lights. Healthcare assistants interviewed were knowledgeable in regard to preventing falls and were able to identify those residents who were at risk. The falls management strategy is regularly reviewed and discussed at staff meetings.  Statistics reflected a 100% reduction in the number falls per month when targeting new admissions from three falls (April/May 2016) to none for August and September 2018.  The service completed an analysis of 54 new admissions in 2018. They identified that none of these residents have fallen within the first 72 hours of admission. Prior to implementing the new initiatives in 2016, there were some months where the fall rate from new admissions was 50%. The focus on fall prevention amongst new residents has been successful. |
| Criterion 1.3.13.1  Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group. | CI | The chef kitchen manager and DT work together to plan restaurant theme meals in the hall which have proved to be very popular for residents and their families. The service has continued to improve the dining experience for residents and families. | The hall is decorated in the chosen theme for the evening meal, and meals are served to reflect the culture or theme. Three options of meals are offered. Residents from all the units dine with their families in a restaurant atmosphere. Themes have included a Pilipino restaurant, Indian buffet meal, white and black restaurant and this month there will be an Octoberfest meal. Due to the popularity of the restaurant meals the seating in the hall for 80 cannot accommodate the increasing numbers. For the next restaurant meal, the dementia unit dining room will be set up as a restaurant with care staff waiting on tables for residents and their families. A survey of 30 residents evidenced that 25 of 30 stated the restaurant experience was “the best” with many individual positive comments such as “great food, options of food, good company, best evening ever, wonderful staff, well organised”. Residents dressed up for the evening. The service has been successful in providing restaurant dining where residents stated they felt as if they had gone out for the evening and could relax and socialize for the evening. |
| Criterion 1.3.7.1  Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer. | CI | There have been new interest groups formed to meet the recreational interests of residents. Residents with an interest in live theatre expressed they would like the opportunity to attend theatre productions as they did when living in the community. The service has been successful in activities reflecting ordinary patterns of life. | Interest groups formed have been resident driven from suggestions made at resident meetings regarding recreational activities. The balance group is aimed at falls prevention and is taken by the physiotherapist twice weekly for rest home and hospital residents aimed at improving strength and balance. The sunshine club is a group of ladies (with mild cognitive impairment) who prefer small group discussions and reminiscing over afternoon tea. Several residents expressed a wish to attend live theatre and one of the local theatre groups provided an affordable option for residents to attend a matinee session. The theatre outings proved so successful that the service commenced booking half of the theatre to ensure there were enough seats reserved for residents. The remainder of the seats were made available to staff, families and volunteers. The events were also used as a fundraiser for an electric tricycle (as suggested by residents) for residents including those wheelchair-bound to go on rides around the Matua Peninsula. The numbers of residents attending live theatre have increased necessitating the use of a van and cars to transport residents. The service has forged a great relationship with the theatre group and are welcomed on each occasion with helpers assisting residents to seats and making space for residents in wheelchairs. These outings provide an opportunity for residents, staff and families to enjoy a shared interest. |

End of the report.