

Radius Residential Care Limited - Radius Taupaki Gables

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 Taupaki Gables
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 July 2019 End date: 23 July 2019
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

Radius Taupaki Gables is part of the Radius Residential Care Group. The service cares for up to 60 residents requiring hospital (medical and geriatric) and rest home level care. 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 has been in the role for six years and has previous experience in aged care management. She is supported by a clinical coordinator (enrolled nurse) and the Radius regional manager. The experienced management team continues to provide strong and focused direction and positive outcomes for residents, families and staff. Residents and family interviewed spoke positively about the service provided.

This audit has not identified any required improvements.

The service has continued to exceed the required standard around staff orientation and activities.

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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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.

Resident satisfaction surveys confirm that residents are satisfied or very satisfied with all aspects of communication. Residents have the opportunity to participate in regular residents' meeting. Residents and family members interviewed praised the service for excellent support provided.

Organisational management

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

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 includes outings, entertainment and links with the community. Each resident has an individual leisure care plan.

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

Meals 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. Residents interviewed responded favourably to the food provided.

Safe and appropriate environment

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

The building, plant and equipment comply with legislation. There is a preventative maintenance schedule in place.

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.
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The service has alternative systems available so that staff can use restraint as a last resort strategy. The restraint-free environment has been maintained and one resident was using enablers.

Infection prevention and control

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

Standards applicable to this service fully attained.

Taupaki 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	1	15	0	0	0	0	0
Criteria	2	39	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>A complaints policy and procedure are 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>Twenty-three complaints were received in 2018 and 17 complaints for 2019 year to date. Radius Taupaki enters all verbal concerns and suggestions from surveys and meetings onto the complaints register. 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.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>Six residents interviewed (four hospital and two rest home) stated they were welcomed on entry and were given time and explanation about the services and procedures. A sample of ten incident reports reviewed, and associated resident files evidenced recording of family notification. Four relatives interviewed (three hospital and one rest home) confirmed they are notified of any changes in their family member's health status. The facility manager, clinical coordinator (enrolled nurse), administrator, three registered nurses (RNs), one activities coordinator and nine healthcare assistants (mix of staff who work AM, PM and night shift) were able to identify the</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>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>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.</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>	<p>FA</p>	<p>Radius Taupaki Gables is part of the Radius Residential Care Group. Taupaki Gables cares for up to 60 residents requiring hospital and rest home level care. All rooms can be used for either hospital or rest home level care. On the day of the audit, there were 14 rest home level residents and 40 hospital residents. This included one resident receiving hospital level care on a long-term chronic health contract and one hospital resident on ACC funding.</p> <p>Radius has an overall business/strategic plan and Taupaki Gables has a facility quality and risk management programme in place for the current year. The business plan includes business goals. Comprehensive quarterly reviews are undertaken to report on achievements towards meeting business goals. The organisation has a philosophy of care which includes a mission statement.</p> <p>The facility manager (RN) is well trained and experienced in health management and has been in the role for six years. She is supported by a clinical coordinator – enrolled nurse (EN) with a relevant job description, an administrator and the Radius regional manager. The clinical coordinator has been in the role for five years. The facility manager has completed in excess of eight hours of professional development in the past 12 months.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>There is an organisational business plan that includes quality goals and risk management plans for Radius Taupaki Gables. There is evidence that the quality system continues to be implemented in a comprehensive manner. Interviews with three managers (facility manager, clinical coordinator and regional manager) 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.</p> <p>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.</p> <p>The service's policies are reviewed at national level by the clinical management group with input from facility staff</p>

		<p>every two years. New/updated policies are sent from head office. Staff have access to manuals.</p> <p>Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. Corrective actions are evaluated and signed off when completed.</p> <p>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.</p> <p>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. Falls reduction strategies include staff knowing the residents who are at risk, managing challenging behaviours effectively, adhering to residents' routines and anticipating their needs, and intentional rounding with frequencies determined by the resident's risks of falling. All healthcare assistants utilise transfer belts to minimise resident harm from falls.</p> <p>Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.</p>
<p>Standard 1.2.4: Adverse Event 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>	FA	<p>The service collects a comprehensive set of data relating to adverse, unplanned and untoward events in the electronic database. This includes the collection of incident and accident information. The reporting system is integrated into the quality and risk management programme. Once incidents and accidents are reported, the immediate actions taken are documented in the incident database. The incidents are then reviewed and investigated by the registered nurse. If risks are identified these are processed as hazards using a hazard identification form. Accidents and incidents are embedded into quality and risk management systems.</p> <p>A discussion with the facility manager and clinical coordinator confirmed their awareness of statutory requirements in relation to essential notification. Eleven section 31 incident notification forms were completed in the past 12 months. The notifications related to nine pressure injuries (affecting three residents) a lightning strike which destroyed the fire system motherboard and a registered nurse staffing shortfall.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource</p>	FA	<p>There are human resource management policies in place which include a robust recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. There are job descriptions available for all relevant positions that describe staff roles, responsibilities and</p>

<p>management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>accountabilities. The practising certificates of health professionals are current.</p> <p>Six staff files were reviewed (two RNs, one activities coordinator, one cook and two healthcare assistants). Evidence of signed employment contracts, the radius pledge, a non-disclosure agreement receipt of an employee handbook, job descriptions, orientation, and training were documented on staff files. Annual performance appraisals for staff were completed in files sampled.</p> <p>Newly appointed staff complete an orientation that is specific to their job duties. The orientation is over a 90-day period. Interviews with care staff described the orientation programme that includes a period of up to two weeks supervision. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>An annual in-service programme is provided with all compulsory sessions provided either annually or biannually. Processes are in place to ensure all staff attend required education. All staff complete a range of competency assessments. Healthcare assistants have achieved an advanced qualification in aged care or are working towards their foundation qualification. Two of eight registered nurses have completed their interRAI training. All registered nurses have current first aid/CPR certificates.</p> <p>Radius Taupaki Gables has focussed on human resource management processes to ensure they employ the best staff and equip their staff to provide an excellent service to residents.</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>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. The facility manager (RN) and clinical coordinator work Monday to Friday and provide rotating on call cover. Registered nurses have sufficient time available to complete interRAI assessments and care planning evaluations within contractual timeframes. Interviews with residents and family members identified that staffing is adequate to meet the needs of residents.</p> <p>The two dual-purpose wings (Kowhai and Magnolia) with 31 and 29 beds are rostered together with separate allocations with one RN per shift per area on morning and afternoon shifts and one RN covering both wings on night shift. An additional RN is rostered on days when the doctor and nurse practitioner have rounds or when planned new admissions occur. There are eight healthcare assistants on morning shift (seven full shift and one six-hour shift) and eight staff are rostered on afternoon shift with six HCAs finishing at 7 pm when the night HCA and RN come on and two HCAs working till 9 pm. There are three healthcare assistants on night shift working from 7 pm to 7 am. Caregivers interviewed reported that staffing is sufficient to meet the individual needs of residents, including encouraging independence, in a timely manner.</p> <p>They reported (and rosters reviewed confirmed) that sick or absent staff are replaced, with bureau staff being used if required. Staff reported that if acuity increases an extra 'floating' staff member is provided.</p> <p>Families and residents interviewed advised that they felt there was sufficient staffing and that call bells are</p>

		answered in a timely manner.
<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>	FA	<p>The medication management policies and procedures comply with medication legislation and guidelines. Registered nurses and senior HCAs administer medications and have completed medication competencies and medication education. Medication administration was observed, and administration practice was compliant against the administration policy. Medications are delivered fortnightly in robotic rolls and these are checked by the RN against the medication chart. There were no self-medicating residents. All medications are stored safely. The medication fridge is monitored daily and all temperatures were within the acceptable range. The hospital bulk supply order is checked for expiry dates weekly. The eye drops and creams/ointments have been dated on opening.</p> <p>Ten medication charts (paper-based) were reviewed (six hospital and four rest home) and met prescribing requirements. The GP has reviewed the medications at least three monthly. All medication charts had photo identification and allergy status noted.</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 equipped kitchen and all food is cooked on site. A food control plan is fully implemented and verified until November 2019. There is a food-services manual in place to guide staff. The kitchen manager advised that a resident nutritional profile is developed for each resident on admission; all nutritional profiles were available in the kitchen for all residents. The nutritional profile is reviewed at least six-monthly as part of the care plan review and the kitchen is notified of any changes as they are identified. The kitchen accommodates meals for residents with dislikes with alternative foods offered. Special dietary requirements are accommodated including pureed meals, vegetarian, gluten free and diabetic desserts. There is special equipment available for residents if required. The kitchen manager works closely with the RNs on duty. Kitchen staff are aware of specific resident needs including (but not limited to) food allergies, diabetic diets.</p> <p>All kitchen staff have completed food safety training. The kitchen follows a four-weekly rotating seasonal menu, which was reviewed annually by a dietitian (at organisational level). Refrigerators, freezers and cooked food temperatures are monitored and recorded. All food is stored appropriately. Food is delivered via bain marie to the main dining room and via a hot box to hospital dining room. Residents and the family members interviewed were very happy with the quality and variety of food served.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive</p>	FA	<p>Registered nurses (RNs) and HCAs follow the detailed and regularly updated 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.</p>

<p>adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>Conversations with relatives is documented within the electronic progress notes.</p> <p>Staff have access to sufficient medical supplies including dressings. Wound assessment and care plans, wound review plans and evaluation notes were in place for three residents with wounds. Photographs identified size and healing progress. There was one resident with a non-facility acquired pressure injury. The wound nurse specialist is involved and RNs (interviewed) have access to specialist nursing wound care management advice through the DHB.</p> <p>Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described.</p> <p>Electronic monitoring forms are completed and reviewed, for example turning charts, food and fluid charts, blood pressure, weight charts, behaviour charts, blood sugar levels and neurological observations. Short-term care plans sighted had been reviewed regularly and either resolved or if ongoing updated on the relevant care plan.</p> <p>Interviews with registered nurses and HCAs demonstrated an understanding of the individualised needs of residents. Care plan interventions were comprehensive and appropriate to assessed needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>CI</p>	<p>There are two activity coordinators (including one who has commenced DT training) employed to implement the activity programme across the services. The rest home/hospital programme is integrated and occurs in the several lounges, library area and dining rooms Monday to Friday from 8 am to 3 pm. An activity assistant works six hours a week working flexible hours including weekends to suit the scheduled events and activities. All activity coordinators have a current first aid certificate. The activity programme is developed a month in advance and a calendar is displayed throughout the facility. There is a 'Taupaki Tattler' that goes out monthly to residents and families advertising the upcoming events.</p> <p>The rest home and hospital programme are integrated and includes newspaper discussion and current events, exercise groups, music, word games, bowls, garden groups, movement to music, movies and reminiscing. One-on-one time is spent with residents who choose not to or are unable to participate in group activities. The activities programme runs inclusive cruise event themes such as the love boat or cruising around Pacific, Mediterranean or Asia. All residents and staff are involved in these events including creating visual displays, decorations, meals and activities based on the cruise theme. Small group activities were provided for higher acuity residents.</p> <p>Community visitors include weekly baby buddy's playgroup visits, church services, entertainers and pet therapy. There are regular van rides and outings to community groups such as museum visits, outings to local beaches, shopping and cafés.</p> <p>All resident files reviewed have a comprehensive individual recreational assessment and activity plan on e-case that is evaluated at least six monthly. Residents and families interviewed commented positively on the activity</p>

		programme. Residents and families interviewed stated they enjoy the variety and excitement of activities offered and they have input into planning of the programme via daily feedback, annual resident survey and at resident meetings.
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. In the electronic files reviewed the long-term care plan was evaluated at least six-monthly for residents who had been at the service six months. There is at least a three-monthly review by the GP. Written evaluations identify if the resident/relative goals are met or unmet. There were case conference multidisciplinary notes on the electronic eCase system that evidenced relative/resident (as appropriate) involvement in care plan evaluations.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	<p>The single storey building has a current building warrant of fitness which expires June 2020. There is a full-time maintenance person who actions repairs and maintenance requests through the e-case maintenance system. Monthly planned maintenance is completed as per the planned maintenance schedule and includes monthly hot water temperatures, internal and external building maintenance and clinical equipment checks (trolleys, walking frames and wheelchairs). Testing and tagging of electrical equipment have been completed as required. There are essential contractors available 24 hours.</p> <p>The facility has wide corridors for residents to mobilise safely using mobility aids. The external areas and courtyards are well landscaped. Residents have access to safely designed external areas that have seating and shade.</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>
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the	FA	The surveillance of infection data assists in evaluating compliance with infection control practices. Infections are collated monthly, including urinary tract, upper respiratory and skin. This data is reported to the facility meetings. Monthly data was seen in staff areas. The service submits data monthly to Radius head office where benchmarking is completed. There have been no outbreaks since the previous audit.

infection control programme.		
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	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. Staff have received training around restraint/enablers and managing behaviours that challenge. There were no residents using restraints or enablers. The facility has been restraint free for over seven 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	CI	<p>Radius Taupaki introduced a number of initiatives in 2016 improving individual orientation packages. The service has continued to develop this process by further improving recruitment</p>	<p>In 2018, the Taupaki management team identified an opportunity to improve recruitment practises to attract the right people. The interview form was further developed to focus questions on relevant areas. The reference verification form was also updated and specifically checked on personality traits, strengths and weaknesses. Recruitment of the right staff has become more difficult due to nursing shortages and also Taupaki’s country location. The team have developed a close working relationship with other agencies and extended advertising to supermarkets and other public places. Taupaki is holding an expo at the local WINZ office to attract staff. In order to retain staff, Taupaki has increased the orientation programme for registered nurses to two weeks and for healthcare assistants to between one to two weeks as needed. The service has promoted the use of a phone/tablet-based application to assist staff with English as a second language. A recent team building exercise has been introduced using teams and recognition of staff action which go beyond the normal expected. The Hogwarts challenge is a new initiative which is already having a positive effect on staff morale and aptitude to further improve resident care. Taupaki has a very low staff turnover as a result of the efforts with recruitment and orientation.</p> <p>Resident satisfaction survey results demonstrated a high level of satisfaction with staff from all areas with specific comments around management, and care staff. On interview staff were positive regarding ongoing management initiatives such as the Hogwarts challenge.</p>

		practises.	
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>Radius Taupaki is continuing to provide an activities programme involving resident driven activities. The team continues to encourage residents, family and staff involvement in identifying and implementing activities.</p>	<p>The service previously introduced cognitive stimulation therapy (CST) as a separate group project. This no longer operates as a standalone group and the principles of CST have been incorporated into daily activities. Residents and families continue to be involved in the planning and implementation of activities.</p> <p>The shared community station where people drop off unwanted items and get picked up and replaced with others has expanded. The community station is advertised on the baby buddies Facebook page. The garden group has been growing passionfruit and picking grapefruit from trees to raise money for the Fred Hollows foundation.</p> <p>Theme days based on holidays at home continue to be a feature of the activities programme and involve residents, families and visitors in planning and implementing theme.</p> <p>The resident satisfaction survey indicated all residents were happy with the activities programme. Positive comments around community involvement and variety of activities offered were included in survey comments.</p>

End of the report.