

Radius Residential Care Limited - Radius Rimu Park

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Radius Rimu Park

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

Dates of audit: Start date: 7 August 2019 End date: 8 August 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: 48

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
	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 Rimu is owned and operated by Radius Residential Care Limited and cares for up to 55 residents requiring, hospital (medical and geriatric), rest home or specialist hospital (psychogeriatric) level care. On the day of the audit there were 48 residents.

This certification audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures; the review of residents and staff files, observations and interviews with residents, relatives, staff and management.

The facility manager is a registered nurse with considerable experience in mental health and intellectual disability and has been employed in the role for eighteen months. The facility manager is supported by a clinical nurse manager who has been in the role for 20 months and has been employed at the facility in a registered nurse role prior to this. They are both supported by the Radius regional manager.

This audit has identified an area for improvement around incident management.

The service is commended for achieving continuous improvement rating around good practice.

Consumer rights

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

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

Policies and procedures adhere with the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). Residents and families are informed regarding the Code and staff receive ongoing training about the Code.

The personal privacy and values of residents are respected. There is an established Māori health plan in place. Individual care plans reference the cultural needs of residents. Discussions with residents and relatives confirmed that residents and where appropriate their families, are involved in care decisions. Regular contact is maintained with families including if a resident is involved in an incident or has a change in their current health. Families and friends are able to visit residents at times that meet their needs.

There is an established system for the management of complaints, which meets guidelines established by the Health and Disability Commissioner.

Organisational management

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

Some standards applicable to this service partially attained and of low risk.

Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is embedded in practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is being implemented and includes in-service education and competency assessments.

Registered nursing cover is provided 24 hours a day, seven days a week. The integrated residents' files are appropriate to the service type.

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.		Standards applicable to this service fully attained.
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There is an admission package available prior to or on entry to Radius Rimu Park. Registered nurses assess, plan, review and evaluate residents' needs, outcomes and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Care plans demonstrate service integration and were evaluated at least six monthly. Resident files are electronic and included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses (RNs) are responsible for administration of medicines. All staff responsible for medication administration complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three monthly by the general practitioner.

The activity team provide and implement an interesting and varied integrated activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and resident preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site at Radius Rimu Park. 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.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. There are sufficient communal toilets/showers. Rooms are personalised. Documented policies and procedures for cleaning are implemented. Laundry is undertaken by an external laundry service. Staff have planned and implemented strategies for emergency management.

Documented systems are in place for essential, emergency and security services.

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.

Staff receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures for the safe assessment and review of restraint and enabler use. The restraint coordinator maintains a register. During the audit, five residents were using restraints and four residents were using enablers.

Infection prevention and control

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

Standards applicable to this service fully attained.

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	48	0	1	0	0	0
Criteria	1	99	0	1	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Radius Rimu policies and procedures are being implemented that align with the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). Families and residents are provided with information on admission, which includes information about the Code. Staff receive training about resident rights at orientation and as part of the annual in-service programme. Interviews with five care staff (three who work in the hospital unit and two who work in the psychogeriatric unit), three registered nurses (two who work in the hospital, and one who works as the team leader in the psychogeriatric unit and an activities coordinator), confirmed their understanding of the Code. Six residents (two hospital level of care including one on an ACC contract and four rest home residents) and six relatives (three rest home, one hospital and two psychogeriatric) interviewed, confirmed that staff respect privacy, and support residents in making choices.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and	FA	Informed consent processes were discussed with residents and families on admission. Written general consents for photographs, release of medical information, and medical cares were signed as part of the admission agreement. Specific consent had been signed by resident/relatives for procedures such as the influenza vaccine. Discussions with registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms.

give informed consent.		<p>Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated where required.</p> <p>Advance directives for health care including resuscitation status had been completed where residents were deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the family. Resident files showed evidence that where appropriate the service actively involve family/whānau in decisions that affect their relative's lives.</p>
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	<p>Residents interviewed confirmed they are aware of their right to access independent advocacy services. Discussions with relatives confirmed the service provided opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on residents' family/whānau and chosen social networks.</p> <p>The Health and Disability Advocacy service attends resident and family meetings and has a long association with Radius Rimu. The advocate also presents at staff training sessions. There is evidence of advocacy involvement with resident support and the complaints process.</p>
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	<p>Residents and relatives interviewed confirmed open visiting. Visitors were observed coming and going during the audit. The activities programme includes opportunities to attend events outside of the facility. Relatives and friends are encouraged to be involved with the service and care.</p> <p>Radius Rimu has established a family support group with positive benefits to current residents, family and family of previous residents.</p> <p>A number of partners of residents living in the Manuka (psychogeriatric wing) wing were keen to support each other during the times when their husbands and partners were palliative. They formed a strong bond and then arranged to meet up at Rimu Park once a month. They then put a proposal to the manager if they could form a family/support group to help other families who have loved ones at Rimu Park who need support. This was agreed and those involved completed volunteer documentation. The family support group have helped a number of families over the last six months. Feedback from family members and staff has been very positive as sighted in compliments and on interview.</p>
Standard 1.1.13: Complaints	FA	The service has a complaints policy that describes the management of the complaints process. Complaints forms are available at the entrance to the facility, next to the suggestions box. Information

<p>Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>		<p>about complaints is provided on admission. Interviews with residents and relatives confirmed their understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints.</p> <p>A complaints register includes complaints received, dates and actions taken. The facility manager signs off each complaint when it is closed. Complaints since the previous audit include four complaints received in 2018. Two of these were copied to the DHB. There have been six complaints year to date for 2019. Complaints are being managed in a timely manner, meeting requirements determined by the Health and Disability Commissioner (HDC). There is evidence of lodged complaints being discussed in the quality meetings and staff meetings (where applicable).</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There is an information pack given to prospective residents and families that includes information about the Code and the nationwide advocacy service. There is the opportunity to discuss aspects of the Code during the admission process. Residents and relatives interviewed confirmed that information had been provided to them around the Code. Large print posters of the Code and advocacy information are displayed throughout the facility. A manager discusses the information pack with residents/relatives on admission. Families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>A tour of the premises confirmed there were areas that support personal privacy for residents. During the audit, staff were observed to be respectful of residents' privacy by knocking on doors prior to entering resident rooms. Staff could describe definitions around abuse and neglect that aligned with policy. Residents and relatives interviewed confirmed that staff treat residents with respect.</p> <p>Resident preferences are identified during the admission and care planning process and this includes family involvement. Interviews with residents confirmed their values and beliefs were considered. Interviews with HCAs described how choice is incorporated into resident cares.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that</p>	FA	<p>The Māori health plan policy for the organisation, references local Māori health care providers regionally within New Zealand and provides recognition of Māori values and beliefs. There are eight residents who identify as Māori at Rimu Park (six hospital and two psychogeriatric). Family/whānau involvement is encouraged in assessment and care planning, and visiting is encouraged. Links are established with disability and other community representative groups as requested by the resident/family. Cultural needs are addressed in care plans of two Māori resident files reviewed and</p>

respects and acknowledges their individual and cultural, values and beliefs.		include tribal affiliations.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	An initial care planning meeting is carried out where the resident and/or whānau as appropriate, are invited to be involved. Individual beliefs or values are discussed and incorporated into the care plan. Six monthly multi-disciplinary team meetings occur to assess if needs are being met. Family are invited to attend. Discussions with relatives confirmed that residents' values and beliefs are considered. Care planning includes a section on pastoral care. Residents interviewed confirmed that staff consider their values and beliefs.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Staff job descriptions include responsibilities. The monthly staff (team) meetings include discussions around professional boundaries and concerns as they arise. Management provided guidelines and examples of mentoring for specific situations. Interviews with the managers and HCAs confirmed their awareness of professional boundaries.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	CI	The service has policies and procedures and associated systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies and procedures are regularly updated, and reviews are conducted. A comprehensive quality monitoring programme is implemented and this monitors contractual and standards compliance and the quality of service delivery. The service monitors its performance through internal benchmarking (ie, within Radius facilities), residents' meetings, staff appraisals, satisfaction surveys, education and competencies, complaints and incident management. An annual in-service training programme is implemented as per the training plan with training for registered nurses from the DHB. The manager at Radius Rimu has a background in intellectual and mental health including a focus on education. As a result of initiatives introduced over the last year, there has been a significant decrease in challenging behaviours. The service has created a new sensory garden accessed from the psychogeriatric area and revamped existing outdoor courtyards. Outcomes for the service are monitored with benchmarking across all Radius facilities. Feedback is provided to staff via the various meetings and through graphs and notices on the noticeboard in the staff room. There is a minimum of one registered nurse on each shift in the hospital and in the psychogeriatric area, and HCAs are described by residents and family as caring. Radius Rimu Park has exceeded

		the standard with the introduction of the philosophy of protecting the environment.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>There is an accident/incident reporting policy to guide staff in their responsibility around open disclosure. Staff are required to record family notification when entering an incident into the system. All 14 adverse events reviewed met this requirement when notification was appropriate. Family members interviewed confirmed they are notified following a change of health status of their family member. There have been frequent family/resident meetings in 2019 and regular resident meetings where issues can be addressed. There is an interpreter policy in place and contact details of interpreters were available.</p>
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Radius Rimu is a Radius aged care facility located in Whangarei. The facility is certified to provide hospital (medical and geriatric); rest home and psychogeriatric care for up to 55 residents. Residents living at the facility during the audit totalled 48. Nineteen residents were at rest home level care, sixteen at hospital level of care (including one on an ACC contract) and thirteen at psychogeriatric level of care. All 33 rooms in the hospital are dual-purpose.</p> <p>The business plan describes the vision, values and objectives of Radius Rimu. Goals are linked to the business plan. Goals are reviewed a minimum of three-monthly and the business plan is updated annually.</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 of six months returned as the facility manager. He is supported by a clinical manager/registered nurse (RN) and the Radius regional manager.</p> <p>The facility manager and clinical manager have both completed in excess of eight hours of professional leadership in the past 12 months. The facility manager brings experience and enthusiasm in providing education and direction around caring for people with dementia. Feedback from residents, relatives and staff and the GP was very positive.</p> <p>The facility manager and clinical manager have maintained at least eight hours of professional development activities related to managing an aged care facility.</p>
Standard 1.2.2: Service Management	FA	The clinical manager/RN covers during the temporary absence of the facility manager. For extended absences, Radius has interim (roving) facility managers who cover facility manager absences. The

<p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>regional manager is available on a consultative basis.</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>An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the regional manager. Discussions with the managers (regional manager, facility manager and clinical manager) and staff, reflected staff involvement in quality and risk management processes.</p> <p>Resident and family meetings are at least two-monthly. Minutes are maintained. An annual resident survey in April 2019 was largely positive. Where opportunities were identified for improvement, these have been acted on.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. The Radius clinical managers group with input from facility staff reviews the service's policies at a national level every two years. Clinical guidelines are in place to assist care staff.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance and the quality of service delivery in the facility and across the organisation. There are clear guidelines and templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data, which is utilised for service improvements to a standard that exceeds the requirements. Results are communicated to staff in meetings and on staff noticeboards. Corrective action plans are implemented when opportunities for improvements are identified (eg, internal audit results are lower than 95%). Corrective actions are signed off when completed.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. Two health and safety representatives (facility manager and maintenance staff) and the regional manager were interviewed about the health and safety programme. One maintenance staff member has completed external health and safety training. 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. Radius has achieved tertiary level ACC WSMP.</p> <p>Falls prevention strategies are in place with a recent quality initiative called the "PIE approach (preserve environmental integrity) whereby there are HCAs designated as watcher's in the</p>

		psychogeriatric units. Falls have decreased over the past two months as a result of the PIE initiative. Prevention strategies are implemented when a resident has two or more falls. Strategies include sensor mats, perimeter mattresses and impact mats.
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.	PA Low	<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 reports are completed for each incident/accident with immediate action noted and any follow-up action required. They are signed off by the clinical manager when complete.</p> <p>A review of twenty accident/incident forms identified that forms are fully completed and include follow-up by a registered nurse. Accident/incident forms are completed when a pressure injury is identified. Neurological observations are implemented for all unwitnessed falls, however not all observations have been completed as per policy and not all incidents evidence consideration of opportunities to minimise future occurrences. The clinical manager is involved in the adverse event process.</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 reports were sighted for RN coverage, death of a resident under the mental health act which had been referred to a coroner, and two stage three pressure injuries.</p>
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	<p>Human resources policies include recruitment, selection, orientation and staff training and development. There has been a very high turnover rate of registered nurses, however healthcare assistants have remained stable.</p> <p>Eight staff files reviewed (one clinical manager, one RN, three HCAs, one activity coordinator, one maintenance staff and one cook) 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 relevant information for safe work practice. There is an implemented annual education and training plan that exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies during their induction. These competencies are scheduled to be repeated annually.</p> <p>Eighteen HCAs are employed to work in the psychogeriatric wings with twelve having completed their dementia qualification. Six HCAs are in the process of completing their qualification and have been</p>

		<p>employed for less than eighteen months.</p> <p>Registered nurses are supported to maintain their professional competency. Three registered nurses have completed their interRAI training, and the remaining RNs are on the waiting list. There are implemented competencies for registered nurses including (but not limited to) medication competencies and insulin competencies.</p> <p>Performance appraisals are completed within three months of commencing and annually thereafter.</p> <p>In March last year a member of the public came to see the manager looking for employment. The applicant had been unemployed for over one year and were unable to provide a reference and had no experience or training in the care industry. With no experience, training or references the applicant did not meet the criteria for employment.</p> <p>The manager of Rimu Park developed a plan to proactively support local people in the community and aligned the project with the new “Exceptional People providing Exceptional Care approach”. The manager contacted the Regional Manager for the Ministry of Social Development and requested an opportunity to discuss an idea to develop Radius’ EPEC vision. After meeting with the Northern Regional Coordinator from the Ministry for Social Development, a proposal to develop a pilot project was accepted. The proposal included training and work experience within the Radius Organisation to develop a “Skills for Industry” in the care sector training and work experience to enable candidates to gain employment. The proposal was accepted and included sufficient funding for ten candidates on a ten-week course initially followed by a further two courses and the training of a total of 30 candidates. The first intake commenced in March followed by a second intake in May making 20 in total.</p> <p>The course includes the first three weeks vocational, healthy living and wellbeing training and clinical training for healthcare assistants, using the Radius Training criteria. Following the three-week training the cadets completed six weeks’ work experience in eight aged care facilities in the Whangarei area including two Radius homes. At the completion of the second course, eighteen of twenty cadets have gained permanent employment. This has had a positive impact on the industry by providing suitable staff and on the local community by reducing unemployment.</p>
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. There is a minimum of one RN each shift covering the hospital rest home unit (Rimu) and one RN covering each shift in the psychogeriatric unit. They are supported by a team leader in the psychogeriatric unit and a clinical manager.</p> <p>Staffing in each unit is as follows:</p> <p>Psychogeriatric unit: Currently 13 of a potential 20 residents. There is a registered nurse on duty 24</p>

		<p>hours per day. On morning shifts, three healthcare assistants work a full shift. On afternoon shifts, two healthcare assistants work a full shift, one works from 3 pm to 9 pm and a lounge carer works from 3 pm to 7 pm. On night shift, there is one healthcare assistant with flexibility to add additional shifts if required with the RN.</p> <p>Combined hospital and rest home unit (19 rest home level residents and 16 hospital): There is a registered nurse on duty 24 hours per day supported by experienced care staff. On morning shifts four healthcare assistants work a full shift and one HCA works for 7 am to 1 pm. On afternoon shifts three healthcare assistants work a full shift and one HCA works from 3 pm to 9 pm. On night shift, there is one healthcare assistant with flexibility to add additional shifts if required with the RN.</p> <p>There are two full time activities staff and one part time qualified diversional therapist who shares her time between Rimu and another Radius facility.</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> <p>Staff were observed attending to call bells in a timely manner. Staff interviewed stated that overall the staffing levels are satisfactory and that the managers provide good support. Residents interviewed reported there are sufficient staff numbers.</p>
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual electronic record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access. Entries are dated and signed by the relevant HCA or nurse including designation. Residents' files demonstrated service integration. Paper-based documents are uploaded to the electronic database.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	Comprehensive admission information packs on rest home, hospital level of care and psychogeriatric services are provided for families and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement.
Standard 1.3.10: Transition, Exit,	FA	Planned exits, discharges or transfers were coordinated in collaboration with the resident and family

Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.		to ensure continuity of care. Policies and procedures are in place to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. There was evidence that residents and their families were involved for all exit or discharges to and from the service.
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	Policies and procedures are in place for safe medicine management. Medications are stored safely in the medication rooms. Registered nurse who administer medications have been assessed for competency on an annual basis and attend annual medication education. Registered nurses have completed syringe driver training. All medication sachets are checked on delivery against the medication charts. No residents were self-administering medication on the day of the audit. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and safe storage of the medications. The medication fridge is checked as per policy, and temperatures are maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. Fourteen paper-based medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three monthly. 'As required' medications had prescribed indications for use.
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	The food services are overseen by a kitchen manager. All meals and baking are prepared and cooked on site by kitchen staff. Food services staff have completed food safety training. The seasonal menu is reviewed by a dietitian and rotates four weekly, with summer and winter menus. The kitchen manager receives resident dietary profiles and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies and gluten free diets. Pureed/soft meals are provided. The kitchen is adjacent to the hospital/ rest home dining room. Food is probed for temperature and transferred to the Manuka wing by a hot box and served hot. For those residents having meals in their room's meals are transported by hot boxes to resident rooms. Snacks are available for all residents 24 hours a day from the kitchenettes. The Food Control Plan expires on 11 October 2019. Freezer, fridge and end-cooked, re-heating (as required), cooling and serving temperatures are taken and recorded daily. All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Residents provide feedback on the meals through resident meetings and resident survey. The cook receives feedback directly both verbally and through resident meetings. Residents and relatives interviewed spoke positively about the choices and meals provided.

Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.	FA	There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry is declined.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The registered nurse completes an admission assessment including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. Outcomes of assessments are reflected in the needs and supports documented in the care plans on the electronic eCase system. Other available information such as discharge summaries, medical and allied health notes and consultation with resident/relative or significant others are included in the long-term care plans.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Resident care plans on the eCase electronic resident file system for all files reviewed were resident focused and individualised. Long-term care plans identify support needs, goals and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. The care plan integrates current infections, wounds or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan and removed when resolved. Allied health care professionals involved in the care of the resident included, (but were not limited to) physiotherapist, podiatrist, dietitian, and community mental health services.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or nurse specialist consultant. Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts are well utilised. A care activity worklog is generated for caregivers and registered nurses with scheduled tasks and monitoring charts including repositioning, bowel chart, behaviour chart, food and fluid chart, weight, blood pressure monitoring, blood sugar levels, neurological observations and toileting regime. Family are notified of all changes to health as evidenced in the electronic progress notes.

		<p>There were eight wounds and three pressure injuries being treated on the day of the audit. The wounds comprised of six skin tears, one scrape/abrasion and one skin condition. The pressure injuries comprised of one facility acquired stage one pressure injury, one stage two non-facility acquired pressure injury and one stage three facility acquired pressure injury. Wound assessments had been completed on eCase for all wounds and for pressure injuries. When wounds or pressure injuries require a change of dressing, this is scheduled on the registered nurse daily schedule. The GP is involved with clinical input for wounds and pressure injuries and the wound care specialist nurse is accessed as required. Pressure injury prevention interventions were documented in the care plans for residents identified at risk of pressure injury.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p>
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.	FA	<p>The activities programme is managed by a qualified diversional therapist who works part time. Two full-time activities coordinators work Monday to Friday. The programme is integrated (the activities team spread their time across both wings) from Monday to Friday. There are separate activity programmes occurring in both the rest home/hospital (Rimu Park) wing and the psychogeriatric wing (Manuka). Residents receive a copy of the programme which has set daily activities and additional activities, entertainers, outings, movies, and visits from the community. Activities have been set up in Manuka so residents can participate in them at any time. One-on-one activities such as individual walks and chats occur for residents who are unable to participate in activities or choose not to be involved in group activities.</p> <p>A resident lifestyle assessment is completed soon after admission. Leisure plans were seen in resident electronic files. The activity team are involved in the six-monthly review of resident's care plan with the registered nurse. The service receives feedback and suggestions for the programme through resident meetings (rest home and hospital and psychogeriatric) and surveys. The residents and relatives interviewed were happy with the variety of activities provided.</p> <p>A van is available for outings. Outings have included (but not limited to) visits to the beach, fish and chips and outings to near-by bays. In addition, where required residents are taken to appointments.</p> <p>Activities in place for residents in the PG area cover activities and usual routines across 24/7. The activities team and healthcare assistants provide these activities.</p>
Standard 1.3.8: Evaluation	FA	Initial care plans for long-term residents were evaluated by the registered nurses within three weeks

<p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>of admission. Long-term care plans have been evaluated by the RN six monthly or earlier for any health changes in the electronic resident files reviewed. Family are invited to have input into the resident's service delivery plans. Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the electronic progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Policies and procedures are in place for exit, transfer or transition of residents. Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Discussion with the registered nurses identified that the service accesses support either through the GP, specialists, mental health services and allied health services as required. There is evidence of referrals for re-assessment from rest home to hospital level of care.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons, and masks are available for staff as required. There are two sluice rooms with appropriate personal protective clothing. Staff have completed chemical safety training by the provider of chemical supplies.</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 2020. The maintenance manager works full-time. Maintenance requests are recorded on eCase and the maintenance manager checks this each working day and signs them off when repairs have been completed. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas. Essential contractors/tradespeople are available 24 hours as required. A grounds-person maintains the gardens and grounds.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas, courtyard and gardens were well maintained. All outdoor areas have seating and shade. There is</p>

		<p>safe access to all communal areas. There is an ongoing refurbishment programme for the facility.</p> <p>The large internal courtyard in the Rimu wing has recently been refurbished with new decking in place and planter boxes. The Manuka courtyard has also been refurbished with a winding path and artificial grass put in with planter boxes. An additional outside area has been converted into a secure garden area for use of residents in the Manuka wing. This area has been planted and sculptures are in place.</p> <p>Registered nurses and HCAs interviewed stated they have adequate equipment to safely deliver care for rest home/hospital and PG level of care residents.</p>
Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.	FA	Three resident rooms in the hospital/rest home have full ensuites. The other resident rooms in the dual-purpose rooms and PG unit use communal toilets and bathrooms, all rooms have hand basins. The communal bathrooms/showers within the facility have privacy locks and privacy curtains. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs if appropriate.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Dual-purpose rooms and PG level rooms had adequate space for the use of a hoist for resident transfers as required. Residents are encouraged to personalised their bedrooms as viewed on the day of audit.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	<p>There are two dining areas. One main dining room is adjacent to the kitchen and there is a dining room in the Manuka wing. There are three lounges throughout the facility.</p> <p>There is a second lounge and large day room and dining room in the hospital / rest home section and one lounge and dining area in the PG unit.</p> <p>All communal areas are easily accessible for residents with mobility aids.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All laundry is undertaken by an off-site contracting company. The laundry is divided into a “dirty” and “clean” areas with an entry and exit door. Personal protective equipment is available. There are three sluice rooms.</p> <p>There are dedicated cleaning staff employed seven days a week. The cleaner’s trolley is locked away in the cleaner’s cupboard when not in use. All chemicals on the cleaner’s trolley were labelled. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider monitors the effectiveness of chemicals and the laundry/cleaning processes. Staff have completed chemical safety training.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is a minimum of one first aid trained staff member on every shift and during outings. The facility has an approved fire evacuation plan. Fire drills take place every six months (last July 2019). Smoke alarms, sprinkler system and exit signs are in place. There are two gas barbeques available in an emergency and gas cooking in the kitchen with manual ignition. A generator is available in the event of a power failure. Emergency lighting is in place, which is regularly tested. A civil defence room contains supplies of stored water (in bottles and tanks on the site) and food are held on site and are adequate for three plus days. The service has an agreement with another local facility in the event an emergency evacuation was required. Electronic call bells are evident in residents’ rooms, lounge areas, and toilets/bathrooms.</p> <p>The facility is kept locked from dusk to dawn. The nurse’s complete security checks at regular intervals. Security lights surround the facility. The facility manager advised that the police respond very quickly when contacted.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All bedrooms and communal areas have ample natural light and ventilation. Heat pumps/air conditioning units are in communal areas. On the days of the audit it was noted that the facility was maintained at a warm comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p>	FA	<p>Radius Rimu Park has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the</p>

<p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>service. It is linked into the incident reporting system and the Radius KPIs. A registered nurse is the designated infection control nurse with support from the facility manager, clinical manager, the quality management committee and the infection control team. Minutes are available for staff of monthly quality meetings and infection control meetings. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The Radius infection control programme was last reviewed in July 2019.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>A registered nurse at Rimu is the designated infection control (IC) nurse. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team (comprising of representatives from different departments) has good external support from the local laboratory infection control team, GP, Bug Control and IC nurse specialist at the DHB. The infection control team is representative of the facility. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are Radius infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by the Radius clinical management team and have been reviewed and updated.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control nurse has completed recent infection control training with the infection control nurse specialist at the DHB. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and</p>

		this is documented in medical records.
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	Infection surveillance is an integral part of the infection control programme and is described in Radius' infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual electronic resident infection form is completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually and provided to Radius head office. Infections are part of the key performance indicators. Outcomes and actions are discussed at quality meetings and infection control meetings and placed on the staffroom noticeboard. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the facility manager. There have been no outbreaks since the previous audit.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The facility manager is the designated restraint coordinator. Restraint practices are only used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. Restraint minimisation policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. There were four (three hospital and one rest home level care) residents using enablers and five (three psychogeriatric and two hospital level care) residents using restraint during the audit. Resident files were reviewed of two residents using enablers (bedrails). The residents using enablers gave written consent for the use of bedrails. The enabler use was linked to the resident's care plan and regularly reviewed. Staff training is in place around restraint minimisation and enablers, falls prevention and analysis and management of challenging behaviours.
Standard 2.2.1: Restraint approval and processes Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing	FA	The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator and for staff are documented and understood. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.

education on restraint use and this process is made known to service providers and others.		
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	<p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. Assessments are undertaken by the restraint coordinator, in partnership with the RNs, GP, resident and their family/whānau. Restraint assessments are based on information in the care plan, resident/family discussions and observations.</p> <p>Ongoing consultation with the resident and family/whānau are evident. The files of two residents using lap belts as restraint were reviewed. The files for the (psychogeriatric level) residents using restraint were reviewed. The completed assessment considered those listed in 2.2.2.1 (a) - (h).</p>
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident, family and the GP. The use of restraint is linked to the resident's restraint care plan. An internal restraint audit, conducted six-monthly, monitors staff compliance in following restraint procedures.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Consistent evidence to verify two hourly checks was missing on the monitoring forms for the resident using restraint.</p> <p>A restraint register is in place providing an auditable record of restraint use and is completed for residents requiring restraints and enablers.</p>
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations are conducted three-monthly and include family, evidenced in two resident files where restraint was in use. The restraint coordinator reported that restraint use is also discussed monthly in the restraint meeting. This was confirmed in the meeting minutes.
Standard 2.2.5: Restraint	FA	The Radius restraint minimisation programme is discussed and reviewed at a national level and includes identifying trends in restraint use, reviewing restraint minimisation policies and procedures

Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.		and reviewing the staff education and training programme.
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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)
Criterion 1.2.4.3 The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.	PA Low	Policy identifies that all incidents and accidents are documented and where the fall was unwitnessed that neurological observations are completed. However not all incidents evidenced neurological observations were completed. Where neurological observations were completed, they did not always follow policy guidelines. Two of fourteen files reviewed included opportunities to minimise future events.	(i) Three of twelve incident forms where neuro observations were documented as required did not evidence these had been commenced. (ii) Seven of twelve incident forms where neuro observations were documented did not have these completed at policy required intervals.	(i)-(ii) Ensure neurological observations are implemented as per policy. (iii) Ensure there is evidence of consideration of opportunities to minimise future

		(iii) Twelve of fourteen incident forms reviewed did not evidence opportunities to lower the risk of recurrence had been considered.	occurrences. 90 days
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.	CI	Radius Rimu Park provides examples of continuous improvement and have a goal to continually improve the service provided to residents and their families. Staff, families and management are encouraged to provide suggestions and ideas that could improve resident's lives.	In March 2018 staff at Rimu Park identified that the episodes of agitation and restlessness amongst the residents on the Manuka PG wing increased in response to other residents' movements, restlessness, loud sounds and sudden changes to the environment. Families were having difficulty visiting their loved ones due to the other residents' behaviours. As a team, the service developed the PIE philosophy where lounge staff have a focus on protecting the integrity of the environment. The idea is to ensure the environment is warm and quiet and provides a therapeutic environment for residents to relax and enjoy the serenity of the moment. Relaxing music was played, and all staff spoke quietly and disruption from visitors was kept to a minimum. Residents who wished to wander or make loud noises are guided to their bedrooms or the dining room or external garden and provided with individual supports as per their plans. The residents would be guided back to the PIE environment in the lounge once they settled. The introduction of the PIE philosophy has resulted in a marked reduction in sundowning and agitation. Feedback from visitors has been very positive with feedback from staff stating how their stress levels had also reduced significantly. Feedback on the PIE philosophy was evidenced in resident electronic progress notes. The PIE philosophy has been very positive from all and has

			now been embedded into the service provision in the psychogeriatric unit. Two new shifts (7 am to 3 pm and 3 pm to 7 pm) have been rostered specifically to promote the philosophy and to maintain consistency. All new staff orientation includes the use of the PIE philosophy in the management of challenging behaviour. Performances monitoring have shown a marked decrease in behavioural incidents since this was introduced.
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End of the report.