



Inspection Report

Radius Residential Care Limited –

Radius Elloughton Gardens

Date of Inspection: 30 November 2016

Table of Contents

1. Provider Details	3
2. Executive Summary	3
3. Background	3
4. Inspection Team	6
5. Inspection Methodology	6
6. Inspection Limitations	6
7. Entry Meeting	6
8. Inspection Findings	6
9. Summation Meeting	7
10. Conclusion.....	7

1. Provider Details

Certificate:	Three years: 1 July 2015 – 01 July 2018
Premises:	Radius Elloughton Gardens
Premises Address:	1 Pages Road, Marchwiell, Timaru
Contact Person:	██████████
Internal Ref:	
Inspection Date:	30 November 2016

2. Executive Summary

The Ministry of Health received information which alleged Radius Residential Care Limited could be in breach of its obligations as a certified provider under the Health and Disability Services Act (2001) to provide services at Radius Elloughton Gardens.

On receipt of the information, the DHB contacted the Ministry to discuss the concerns raised. The concerns related to clinical care of residents. A decision was made by the Ministry and DHB to undertake an unannounced inspection to assess aspects of the relevant Health and Disability Services Standards (2008).

The inspection was completed at Radius Elloughton Gardens on 30 November 2016. The inspection was completed by the Ministry in accordance with sections 40, 41, and 43 of the Act. There were two clinical staff from South Canterbury DHB (two) also on the inspection.

The focus of the inspection was to assess that the required standard was being met in respect of complaint and incident management, staffing, and clinical care. The inspection team reviewed six resident files and six staff files, interviewed 12 staff and undertook conversations with residents and families.

On the basis of the evidence reviewed during the inspection, Radius Elloughton Gardens did not fully comply with two of the Health and Disability Services Standards (NZS 8134:2008). The partially attained standards related to: complaints management and medication management.

Ongoing monitoring will be undertaken by South Canterbury DHB.

3. Background

Law:

Providers of health care services must be certified by the Director-General of Health (Sections 9(a) and 26 of the Act) and must comply with all relevant health and disability service standards (Section 9(b)).

The relevant service standards are approved under the Health and Disability Services (Safety) Notice 2008. The standard approved is the Health and Disability Services Standards NZS 8134:2008.

Facts:

a) Governance

Radius Elloughton Gardens is part of the Radius Residential Care Limited group. The Facility Manager (FM), who is non-clinical, has been in post since June 2015 and is supported by a Clinical Nurse Manager (CNM) who was appointed in March 2016. This is her first CNM role. Radius Elloughton Gardens provides rest home and hospital level care for up to 59 residents. On the day of the inspection there were 17 rest home and 38 hospital level residents. Interviews with staff, residents, and family reported this relatively new management team have made noticeable improvement to the overall service being provided at Radius Elloughton Gardens.

b) Quality and Risk Management Systems

Aspects of the provider's quality and risk framework reviewed during this inspection included: complaints management and incident reporting.

The complaint register was reviewed and recorded 18 complaints for the 2016 year. Of the 18 complaints 11 had been substantiated, two were recorded as 'not substantiated', one had been 'withdrawn' and four did not record an outcome. The complaints register included a number of columns – including if corrective actions had been identified and evaluated, and, if the complaint had been signed out. There were gaps noted on the register and this is an area for improvement (link finding 1.1.13). The complaints reviewed demonstrated follow-up by the service including actions taken. There was evidence the improvements reported to the complainant were implemented – eg. Family notification following an incident, and staff training relating to resident care. A complainant was interviewed who reported satisfaction with the way concerns were followed up. There was one complaint where the Health and Disability Advocacy Service had supported a complainant through the process, a close out letter from the advocacy service was on file.

Incident forms were completed for resident, and staff events. This inspection reviewed resident incidents only. A subset of the November incidents were reviewed, and were noted to have been completed as prescribed. Incident reports had been reviewed by the CNM with corrective actions recorded. Family notification had been recorded on all forms reviewed. Notification was verified during interview with residents and family. Incidents were tracked to resident files confirming appropriate clinical action taken. An example of a root cause analysis undertaken following an incident was reviewed with the CNM. Documentation indicated appropriate action taken.

c) Human Resource Management

Six staff files were reviewed noting relevant documentation was evident. There was regular training being provided as prescribed by Radius and records of attendance were maintained. Training sessions included topics such as reducing harm from falls, pain management, nutritional challenges and basic care. Manual handling training (one hour sessions) had been delivered by the contracted physiotherapist, most recently 9 November (2016). A significant number of training sessions had been delivered by the CNM (refer section: *Observations*). Medication competencies for staff administering medication were seen to be current and registered nurses were first aid trained (current certification sighted in staff files), meeting the requirement to have a first aid qualified staff member on each shift.

Rosters were reviewed, noting a planned roster to meet the requirements for the new wing was also available (not considered during this inspection). Attempts to replace unexplained absences was evident on the roster reviewed. Interview with the administrator described the process adopted for replacing planned absence. The current roster indicated two registered nurses (RN) and eight health care assistants (HCA) on the morning shift; one/two RN (based on resident numbers) and six HCA on the afternoon shift; and, one RN and two HCA on night duty.

d) Service Delivery

Six resident files were reviewed noting clinical documentation was of an acceptable standard. There was evidence of involvement of allied health professionals when clinically indicated – eg. Dietician, physiotherapist - and appropriate escalation of clinical care (verified GP interview). Long term care plans (LTCP) were updated to reflect changes in care needs, and short term care plans (STCP) were used (and evaluated) appropriately. Six monthly evaluation of LTCPs had been undertaken. It was noted the CNM has had an active role in oversight of clinical management and ensuring LTCP's were updated (refer section: *Observations*). The inspection team also considered interdisciplinary communication, and while the overall impression is that communication within the team has improved over the past six months, it was acknowledged staff comprehension has resulted in some challenge for the service in the recent past. The Radius management team reported the introduction of a six month programme (Reaching up with Radius) that focuses on communication practices and working effectively in teams. This programme is reportedly due to commence at Radius Elloughton Gardens in January (2017).

e) Medication Management

Medication was appropriately secured and staff competencies were current. There had been no reported medication incidents between July and November (2016), noting this was the period reviewed. A sample of medication charts were reviewed (13) and generally medication was managed in an acceptable manner, however, the following are required improvements: recording of allergies (or no allergies) on the medication chart, prn medication is being used regularly (and could be prescribed as a regular medication), current resident photos are to be attached to medication charts (link finding 1.3.12 and refer section: *Observations*). In respect of controlled drugs, documentation suggested at times there was a 15-20 minute delay between retrieval from the locked cabinet and administration.

f) Observations

The following are observations from the inspection that provide the opportunity to enhance/maintain service delivery.

Education: a significant number of training sessions reviewed had been delivered by the CNM. The education programme could be strengthened, particularly for the registered nurse workforce, by considering opportunities at the local district health board (DHB). It is noted there had been recent contact with DHB staff to provide education.

Succession planning: the CNM reported she will be taking annual leave (5 weeks) in the New Year. The inspection team noted the majority of clinical documentation – including review of incident reports and required root cause analysis, and, evaluation

and review of care plans – was undertaken by this position. There may be benefit in formalising a programme of strengthening the workforce to ensure the standard of care is maintained. It is noted there was discussion the position would be replaced for the leave period.

Medication: in addition to the aspects outlined in the corrective action, the team would prefer administration of antibiotic eye cream in a private space (observed to have been administered in the dining room) to allow clinical assessment prior to administration.

4. Inspection Team

The inspection was undertaken by [REDACTED], Senior Advisor, HealthCERT, Ministry of Health, under delegated authority of the Director-General of Health. [REDACTED], Clinical Nurse Manager, District Nursing and [REDACTED], Associate Director Patient, Nursing, Midwifery from the South Canterbury DHB also attended.

5. Inspection Methodology

The following methodology was used during the inspection:

- interview with residents, staff and families
- observation of residents
- physical tour of the premise
- review of clinical records

6. Inspection Limitations

The scope of the inspection was limited to the issues raised in the complaint.

7. Entry Meeting

On arrival at the premises, the inspection team met with [REDACTED], Facility Manager, [REDACTED], Clinical Nurse Manager and [REDACTED], Regional Manager.

The purpose of the visit was explained and a letter addressed to [REDACTED] (the provider's nominated contact person) outlining the authorisation to undertake the unannounced visit was given to [REDACTED] and it was explained how the inspection would be undertaken.

8. Inspection Findings

Findings have been reported against the Health and Disability Services Standards (NZS 8134.1:2008).

Relevant Standard	Findings	Required Corrective Action	Rating and time frame.
Standard 1.1.13 The right of the	The complaint register was reviewed and recorded 18 complaints for the	Ensure the complaints register is completed as	PA Low 180

Relevant Standard	Findings	Required Corrective Action	Rating and time frame.
consumer to make a complaint is understood, respected, and upheld	2016 year. The register had a number of columns used for tracking outcome. There were gaps noted on the register and this is an area for improvement.	prescribed	
Standard 1.3.12 Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	A sample of medication charts were reviewed (13) and generally medication is managed in an acceptable manner, however, the following are improvements required: recording of allergies (or no allergies) on the medication chart, prn medication is being used regularly (and could be prescribed as a regular medication), current resident photos are to be attached to medication charts. In respect of controlled drugs, documentation suggested at times there was a 15-20 minute delay between retrieval from the locked cabinet and administration	Medication administration complies with current legislative requirements and safe practice	PA Low 180 days

9. Summation Meeting

The closing meeting was attended by: [REDACTED] (HealthCERT), [REDACTED], Clinical Nurse Manager, District Nursing, [REDACTED], Associate Director Patient, Nursing, Midwifery (both SCDHB), [REDACTED], Facility Manager, [REDACTED], Clinical Nurse Manager and [REDACTED], Regional Manager. In addition the following SCDHB staff attended: [REDACTED], Director of Nursing and Midwifery, [REDACTED], Director of Primary Care and Allied Health Partnerships, [REDACTED], Manager of Health of Older Persons and Long Term Conditions.

[REDACTED] thanked the facility for their participation and approach to the investigation recognising that this was an unannounced inspection. It was explained that a draft report would include a full description of findings. The draft report will be sent to the provider within ten working days for any factual corrections. The provider was advised that this investigation report would be published on the Ministry of Health website.

10. Conclusion

Under Section 9 of the Act, certified providers must meet all relevant standards and comply with any conditions subject to which the provider was certified by the Director-General of Health. Radius Elloughton Gardens is required to undertake the following corrective actions within the specified timeframes. If the corrective actions are not achieved, the Ministry may take action in relation to non-compliance with the requirements of the Act.

Required Corrective Actions

A written progress report that outlines all actions undertaken by the provider in relation to the corrective measures required against Health and Disability Services Standard 1.3.12, (as approved under Section 13 of the Act) must be submitted to the South Canterbury

District Health Board by 13 June 2017. The South Canterbury District Health Board will notify the Director-General of Health of progress, if any, and if required in accordance with the Ministry of Health's requirements for the processing of progress reports.

A written progress report that outlines all actions undertaken by the provider in relation to the corrective measures required against Health and Disability Services Standard 1.1.13 (as approved under Section 13 of the Act) must be submitted to the South Canterbury District Health Board by 13 June 2017. The South Canterbury District Health Board will notify the Director-General of Health of progress, if any, and if required in accordance with the Ministry of Health's requirements for the processing of progress reports.