

# Radius Residential Care Limited - Radius Windsor Court Rest Home

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## 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 Windsor Court Rest Home

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

**Dates of audit:** Start date: 19 July 2018 End date: 20 July 2018

**Proposed changes to current services (if any):** The dementia wing refurbishment was completed in July 2017 and included an additional two rooms, a lounge and a garden extension. This increased dementia wing beds from 18 beds to 20 beds.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 55

# Executive summary of the audit

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## 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 Windsor Court is owned and operated by Radius Residential Care Limited. The service provides care for up to 76 residents requiring rest home, hospital or dementia level care. On the day of the audit, there were 55 residents. A registered nurse, with experience in aged care management manages the service. A Radius regional manager and a clinical nurse leader supports her. Residents and relatives interviewed spoke positively about the service provided.

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 resident's and staff files, observations and interviews with residents, relatives, staff and management.

The residents, relatives and general practitioner spoke highly of the care and service provided at Radius Windsor Court.

This audit has identified an area for improvement around staff education.

## 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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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.

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. Examples of good practice were provided.

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.
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Services are planned, coordinated, and are appropriate to the needs of the residents. A facility manager and clinical nurse leader are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is embedded. 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.

Registered nursing cover is provided 24 hours a day, seven days a week. Residents and families reported that staffing levels are adequate to meet the needs of the residents. 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 the service. Registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans viewed demonstrate service integration and are reviewed at least six monthly. Resident files include medical notes by the contracted general practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses are responsible for the administration of medicines. Medication charts are reviewed three monthly by the GP.

The activities coordinators implement the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations.

All meals are cooked on-site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. Residents/family were very positive about the meals. They particularly enjoy the home baking. Snacks were available at all times.

## 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.

The building holds a current warrant of fitness. Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. There are ensuite single or shared in 38 rooms and there are sufficient communal showers/toilets for the others. External areas are safe and well maintained with shade and seating available. The dementia unit's outdoor area is fenced. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are monitored through the internal auditing system. Systems and supplies 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.

The facility has a restraint free philosophy. If restraint is used it is a last resort. There are currently no enablers or restraints in use. There is a restraint coordinator who is responsible for ensuring policies and procedures are adhered to, and restraint education.

## 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.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. A registered nurse is the infection control coordinator who is responsible for the collation of infections, orientation and education for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	44	0	1	0	0	0
Criteria	0	92	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 Windsor Court 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 (link 1.2.7.5). Interviews with care staff (three healthcare assistants [HCAs], two registered nurses and the activities coordinator) confirmed their understanding of the Code. Seven residents (three rest home level and four hospital level) and four relatives (two rest home, one hospital level and one dementia) 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 give informed consent.	FA	The service has in place a policy for informed consent. Completed resuscitation consent forms were evident on all resident files reviewed (three hospital including one long-term chronic health care, two rest home and two dementia). General consent forms were evident on files reviewed. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and

		personal care. Enduring power of attorney (EPOA) evidence is filed in the residents' charts. Dementia unit residents all have EPOAs except for one resident where documentation is still going through the court process.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	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 include information on residents' family/whānau and chosen social networks.
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	Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting could occur at any time.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The service has a complaints policy that describes the management of complaints process. There are complaint forms available throughout the facility. Information about complaints is provided on admission. Interview with residents demonstrated an understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints. There is a complaints' register. There were three complaints made in 2017 and 2018 year to date. All complaints reviewed had noted investigation, timeframes, corrective actions when required and resolutions were in place if required. Results are fed back to complainants. Discussions with residents confirmed that any issues are addressed, and they feel comfortable to raise any concerns.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	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>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. An annual resident satisfaction survey was completed in June 2018 and the results showed that the vast majority of respondents reported overall resident experience as being good or very good. Residents and relatives interviewed confirmed that staff treat residents with respect.</p> <p>The service has a philosophy that promotes quality of life and involves residents in decisions about their care. 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 respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The Māori health plan for the organisation references local Māori health care providers regionally within New Zealand and provides recognition of Māori values and beliefs. 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 the care plans of the current Māori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>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. Residents interviewed confirmed that staff take into account their values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p>	FA	<p>Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The orientation and employee agreement</p>

Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.		provided to staff on induction includes standards of conduct. The monthly staff meetings include discussions around professional boundaries and concerns as they arise. The registered nurses supervise staff to ensure professional practice is maintained in the service. The abuse and neglect processes cover harassment and exploitation. All residents interviewed reported that the staff respected them.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Policies and procedures align with current accepted best practice. The content of policy and procedures are sufficiently detailed to allow effective implementation by staff.</p> <p>An annual in-service training programme is implemented as per the training plan with training for registered nurses from the DHB and involvement in the Careerforce programme for all HCAs (link 1.2.7.5). Residents' falls are analysed in detail. Feedback is provided to staff via the various meetings.</p> <p>There is a minimum of one registered nurse on each shift and residents and family describe HCAs as being caring and competent.</p>
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 12 adverse events reviewed met this requirement. Family members interviewed, confirmed they are notified following a change of health status of their family member. 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 Windsor Court is a Radius aged care facility located in the rural town of Ohaupo. The facility is certified to provide rest home, hospital (medical and geriatric) and dementia care for up to 76 residents. There are 20 dementia beds and eight dedicated rest home beds. The remaining 48 beds are dual-purpose. On the day of the audit there were 26 rest home residents (all under the aged related care contract) and 17 residents receiving hospital level care (including one on a LTS-CHC contract) and 12 residents receiving dementia level care.</p> <p>The additional two rooms and lounge attached to the dementia wing are now completed and have been assessed as suitable for dementia care</p>

		<p>and are in use. The fire evacuation scheme was updated in March 2017 to include this area.</p> <p>The 2018 to 2019 business plan describes the vision, values and objectives of Radius Windsor Court. Annual goals are linked to the business plan and reflect regular reviews via regular meetings and monthly reports to the regional manager.</p> <p>The facility manager is a registered nurse with many years' experience in aged care management. She has been in the role since July 2014 and is supported by a clinical nurse leader and the Radius regional manager.</p> <p>The facility manager has maintained at least eight hours of professional development activities related to managing an aged care facility.</p>
<p><b>Standard 1.2.2: Service Management</b></p> <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>	FA	<p>The clinical nurse leader/RN or regional manager covers during the temporary absence of the facility manager. The facility managers of other Radius facilities are also available.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings and to the regional manager. Discussions with the managers reflected staff involvement in quality and risk management processes.</p> <p>Resident meetings are three monthly. Minutes are maintained. Annual resident and relative surveys are completed with results communicated to residents and staff. Survey results reflect overall satisfaction.</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, review 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</p>

		<p>templates for reporting. The facility has implemented established processes to collect, analyse and evaluate data, which is utilised for service improvements. Results are communicated to staff across a variety of meetings and reflected actions being implemented and signed off when completed.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. The health and safety representative interviewed confirmed their understanding of health and safety processes. Three members of the Radius Windsor Court team have completed the 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.</p> <p>Falls prevention strategies are in place including intentional rounding, sensor mats, post falls reviews and individual interventions.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></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>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.</p> <p>A review of 12 incident/accident forms identified that forms were fully completed and include follow-up by a registered nurse. Neurological observations are carried out two-hourly for any suspected injury to the head. The clinical manager is involved in the adverse event process.</p> <p>The regional manager was able to identify situations that would be reported to statutory authorities including (but not limited to) infectious diseases, serious accidents and unexpected death. They have reported 2x section 31's for pressure injuries and also a sewage flood in 2017 notified to DHB and public health.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the</p>	PA Low	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Nine staff files reviewed (four registered nurses, three health care assistants, the cook, and an</p>

<p>requirements of legislation.</p>		<p>activities coordinator) included a comprehensive recruitment process which included reference checking, signed employment contracts and job descriptions, police checks, completed orientation programmes and annual performance appraisals.</p> <p>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, however not all sessions have been held as scheduled and attendance rates are consistently low for most sessions. Both the low attendance rates and missed sessions have been identified and a corrective action plan developed. The plan includes all staff attending a series of two-hour training sessions to ensure all staff attend mandatory training sessions. These had been planned, but not commenced at the time of the audit. The facility manager holds overall responsibility for staff education with the support of the regional manager. There is an attendance register for each training session and an individual staff member record of training.</p> <p>Registered nurses are supported to maintain their professional competency. Two of six registered nurses have completed their interRAI training. This is as a result of a recent high turnover of registered staff. Additional RNs have recently been employed and are enrolled for interRAI training. There are implemented competencies for registered nurses including (but not limited to) medication competencies and insulin competencies.</p> <p>There are nine healthcare assistants that work in the dementia unit. Four have completed training. Five who have commenced work in that area in the last 6 months have all commenced training.</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 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 on-site at any time. Activities are provided five days a week. Staff working on the days of the audit, were visible and attending to call bells in a timely manner as confirmed by all residents interviewed. Staff interviewed stated that overall the staffing levels are</p>

		<p>satisfactory and that the managers provide good support. Residents and family members interviewed reported there are sufficient staff numbers.</p> <p>Radius Windsor Court rosters the dementia unit separately to the remaining three wings.</p> <p>The dementia unit on Sunshine Avenue has 12 current residents. The morning shift is covered by two healthcare assistants (one eight hour and one six-hour shift). On the afternoon shift one HCA works the full shift and one HCA starts an hour later. One HCA works from 11.00 pm to 9.00 am covering the night shift and assisting with morning cares. An activities assistant is rostered on Monday to Friday from 9:30 am to 4.00 pm. Weekend care staff deliver the activity programme. There are six hours of RN input a day in the dementia unit.</p> <p>The three remaining areas - Main street wing, Sunset wing and Everlong wing are rostered as one unit. There are currently 26 rest home residents and 17 hospital level care residents. The CNL works Monday to Friday 8.00 am to 4.30 pm. An RN is rostered on a twelve-hour shift from 6.45 am to 7.00 pm each day with an additional RN 6.45 am to 3.00 pm on 4 days a week. Five morning HCAs work 7.00 am to 3.00 pm shifts each day. The afternoon shift is covered by an RN working 6.45 pm to 7.00 am with the support of three HCAs working 3.00 pm to 11.00 pm. The 12-hour afternoon and night RN is supported by two HCAs working from 11.00 pm to 7.00 am.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident 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 record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. Entries are legible, dated and signed by the relevant HCA or nurse, including designation. Individual resident files demonstrate service integration.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for</p>	FA	<p>There are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack available for residents/families at entry. The admission agreements reviewed meet the requirements of the ARCC.</p>



services has been identified.		Exclusions from the service are included in the admission agreement. All eight admission agreements sighted were signed and dated.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	Policy describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities and communication with family is made.
<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>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering on the day of audit. Standing orders are not in use. Vaccines are not stored on-site.</p> <p>The facility uses a paper-based and robotic pack system. There are plans to move to an electronic system shortly. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. RNs administer medications. All RNs have up-to-date medication competencies. RNs have syringe driver training completed by the hospice. Medication training has not been provided in the last year (link 1.2.7.5). The medication fridge temperature is checked weekly. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications on paper administration sheets. Sixteen medication charts were reviewed. Medications are reviewed at least three monthly by the GP. There was photo identification and allergy status recorded. 'As required' medications had indications for use charted.</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	The facility's food control plan was verified on 8 June 2018. The service has two cooks and two kitchenhands. The head cook works 40 hours a week Sunday to Thursday. The second cook works Friday and Saturday. The kitchen hands share the week between them. All kitchen staff have current food safety certificates. The head cook oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked onsite. Meals are served directly from the kitchen or from hot boxes. Meals going to rooms on trays have covers to keep the food warm. Special

		<p>equipment such as lipped plates is available. On the day of audit meals were observed to be hot and well-presented and residents in the rest home and hospital stated that they were enjoying their meal. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked, and these were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted on a whiteboard. The four-weekly menu cycle is approved by the Radius contracted dietitian. All residents and family members interviewed were very satisfied with the meals and stated they particularly enjoy the home baking.</p> <p>There are snacks available at all times in the dementia unit.</p>
<p><b>Standard 1.3.2: Declining Referral/Entry To Services</b></p> <p>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.</p>	FA	<p>The service records the reason for declining service entry to residents should this occur and communicates this to potential residents/family. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.</p>
<p><b>Standard 1.3.4: Assessment</b></p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Files sampled indicated that all appropriate personal needs information is gathered by the RNs during admission in consultation with the resident and their relative where appropriate. The interRAI assessment tool is implemented. InterRAI assessments had been completed for all residents except the very recent admission. Care plans were developed on the basis of these assessments. Other assessment tools such as (but not limited to) pain, depression and falls risk are used as required. Risk assessments had been completed through the computerised care plans for all residents.</p>
<p><b>Standard 1.3.5: Planning</b></p> <p>Consumers' service delivery plans are consumer focused,</p>	FA	<p>Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans reviewed were resident-centred.</p>

integrated, and promote continuity of service delivery.		Interventions documented support needs and provide detail to guide care. Short-term care plans are in use for changes in health status. Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals including the podiatrist, wound care specialist and mental health care team for older people. The care staff interviewed advised that the care plans were easy to follow. They also stated that they liked the client care summaries.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition changes the RN initiates a GP consultation. Staff stated that they notify family members about any changes in their relative's health status. Family interviewed confirmed this. All care plans sampled had detailed interventions documented to meet the needs of the resident and guidelines for staff were very clear. Care plans have been updated as residents' needs changed.</p> <p>Resident falls are reported on accident forms and written in the progress notes. Neurological observations are completed for unwitnessed falls or falls where residents hit their heads. Family are notified of incidents.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence and wound care supplies.</p> <p>Wound assessment, wound management and evaluation forms are in place for all wounds. Wound monitoring occurs as planned. RNs complete all wound care. There is currently four wounds being treated including three pressure injuries. Four wounds had been signed off in the last week. The RN stated that they have access to a wound care nurse specialist if required.</p> <p>There are currently three pressure injuries, one non-facility acquired was unstageable on admission but is now stage two. The two facility-acquired are stage two and stage three. A section 31 was filled out for the stage three. The GP and wound specialist have been involved with all pressure injuries and there are clear photos showing the healing process. Pressure injury prevention equipment such as air mattresses, silicone cushions and turning charts are available and the residents with current pressure injuries are using all three.</p>

		Monitoring forms are in use as applicable such as weight, vital signs and wounds. Behaviour charts are available for any residents that exhibit challenging behaviours. Weight loss is monitored in all units but particularly close in the dementia unit. Snacks are available at all times.
<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>	FA	<p>There are two activities coordinators, one in the rest home and hospital who works 37.5 hours a week and one in the dementia unit who works 32.5 hours a week. The dementia unit coordinator has completed dementia training. Whenever possible the coordinators work together. On the days of audit residents were observed doing exercises, singing to karaoke, flower arranging and listening to entertainers.</p> <p>There is a weekly programme in large print on noticeboards in communal areas. Residents have the choice of a variety of activities, in which to participate and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, games, quizzes, music brain teasers, and walks outside. The dementia unit residents particularly enjoy joining activities in the rest home and hospital and walks outside the unit. The facility has three cats and a pet therapy team visit monthly.</p> <p>Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat.</p> <p>There are monthly interdenominational church services and the Catholic priest visits at weekends. There are regular weekly van outings. The activities staff who go out on the van all have first aid training. There are regular entertainers visiting the facility. Special events like birthdays, Easter, Matariki, Mothers' Day, Anzac Day and the Melbourne Cup are celebrated. The facility's recent Matariki celebration included a visit from a Kapa Haka group. There is community input from local pre-schools, schools and the Marae. Residents go out to stroke club and the Golden Hearts club (morning tea, activities and guest speakers).</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. This is completed by the activities coordinators. Resident files reviewed identified that the</p>

		activity plan is based on this assessment. Activity plans are evaluated at least six monthly. Resident meetings are held quarterly. Feedback on activities was positive from both residents and families.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The eight long-term care plans reviewed had been evaluated by the registered nurses six monthly or when changes to care occurs. Short-term care plans for short-term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are in place for each of the residents and these are also evaluated six monthly. The multidisciplinary review involves the RN, GP and resident/family if they wish to attend. There are three monthly reviews by the GP for all residents. The family member interviewed confirmed that they are informed of any changes to the care plan.</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>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. There was evidence of where residents had been referred to the wound care nurse specialist and mental health services for older people. Discussion with the registered nurse identified that the service has access to a wide range of support either through the GP, specialists and allied health services as required.</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 are clearly labelled with manufacturer's labels and are stored appropriately. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff. A spills kit is available.</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 17 September 2018. There is a maintenance person on-site for 40 hours a week. Contractors are used as required. The dementia wing refurbishment was completed in July 2017 and included an additional two rooms, a lounge and a garden extension.</p> <p>Electrical equipment has been tested and tagged. The hoist and scales</p>

		<p>are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The communal lounges and hallways are carpeted. The utility areas such as the kitchen, laundry and sluice rooms have vinyl flooring. Residents' rooms in the rest home and hospital area are carpeted, but in the dementia unit there is vinyl. All showers and toilets have non-slip vinyl flooring. All corridors have safety rails 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 and gardens were well maintained. The dementia unit has a large fenced off garden. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>Health care assistants interviewed stated they have adequate equipment to safely deliver care for all residents.</p>
<p><b>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</b></p> <p>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.</p>	FA	<p>Eighteen rooms have their own ensuite and twenty rooms have a shared ensuite. The rest share communal showers and toilets. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and in larger ones a hoist and shower trolley if appropriate. All shower/toilet doors are signposted.</p>
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All residents' rooms are single. There is sufficient space to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have more than adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>
<p><b>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</b></p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are large and small communal areas. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. All large lounges open out onto attractive outdoor areas. There are spacious dining rooms in each area.</p>
<p><b>Standard 1.4.6: Cleaning And Laundry Services</b></p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is</p>	FA	<p>Only personal laundry is done on-site. This is done after lunch by a cleaner when her cleaning shift is completed. The laundry is divided into a "dirty" and "clean" area. There is a laundry and cleaning manual. Communal linen is collected and returned daily. Cleaning and laundry</p>

being provided.		services are monitored through the internal auditing system. The cleaner's equipment was attended at all times or locked away. All chemicals on the cleaner's trolley were labelled. There are two sluice rooms for the disposal of soiled water or waste and the sluicing of soiled linen if required. The sluice room and the laundry are kept closed when not in use.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	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 dated 19 January 1999. Fire drills take place every six months. Fire safety is completed with new staff as part of the health and safety induction and is ongoing. Supplies of stored water and food are held on-site and are adequate for three days. There is a gas barbeque and spare gas bottles. Civil defence bins/supplies are checked six monthly. Resident's rooms, communal bathrooms and living areas all have call bells. Call bells and sensor mats when activated, light up on corridor lights that are visible from all areas in the facility. Security policies and procedures are documented and implemented by staff. The building is secured at night and there is security lighting.</p> <p>There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. This was tested in 2017 when the facility coped well with an emergency flood. All staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available within the facility and include water, food and supplies (torches, radio and batteries), emergency power and gas barbeque. Arrangements are in place to hire a generator if required.</p> <p>A resident building register is maintained.</p>
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All bedrooms and communal areas have ample natural light and ventilation. The facility is heated by a mixture of underfloor heating, heat pumps, and radiant heating. Staff and residents interviewed stated that this is effective. There is a designated outdoor area where residents smoke. One resident who is a very heavy smoker has a smoking plan in place.

<p>Standard 3.1: Infection control management</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>	FA	<p>A RN is the infection control coordinator (IC coordinator). Responsibility for infection control is described in the job description. The infection control coordinator oversees infection control for the facility and is responsible for the collation of monthly infection events and reports. The infection control programme is reviewed annually by the Radius group. It is appropriate to the size and scope of the facility.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents and staff are offered the annual influenza vaccine. There have been no outbreaks.</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>The IC coordinator has only been in the role for three months but has previous infection control training through the Australian Commission on safety and quality in health care. There is also access to infection control expertise from the Radius group, the wound care specialist, public health, and the laboratory. The GPs monitor the use of antibiotics. The IC coordinator reports to the facility manager.</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>The infection control policies include a comprehensive range of standards and guidelines including defined roles and responsibilities for the prevention of infection, and training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies have been developed by an infection control specialist in the Radius group.</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 coordinator is responsible for coordinating/providing education and training to staff. Training on infection control is included in the orientation programme. Staff have completed hand hygiene training and infection control training in 2017 and further education is scheduled for 2018. Resident education occurs as part of providing daily cares and as applicable at resident meetings.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>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 resident infection form is completed, which includes signs and symptoms of infection, treatment,</p>



		<p>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 is provided to Radius head office. Infections are part of the key performance indicators. Outcomes and actions are discussed at quality meetings and staff meetings and plans and interventions resulting from surveillance create improvements in a way that exceeds the required standard. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the acting facility manager.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The facility has a restraint-free philosophy in the facility. If restraint is used it is as a last resort and is discontinued as soon as possible. There are currently no enablers or restraints in place in the rest home or hospital. So far, this year the facility has only resorted to restraint four times and this has been for short periods only. The clinical manager is the restraint coordinator.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	An education planner for the year is developed by head office and includes all mandatory sessions plus others relevant to the service. Not all training sessions have been held and attendance numbers have been low. The facility manager is responsible for implementing the programme and facilitating staff attendance.	<p>i) A number of planned education sessions have not been held as scheduled. This includes cultural safety, medication management, accident and incident reporting, open disclosure, food handling, health and safety, nutrition and hydration, continence, skin management and pressure injury prevention and advanced directives.</p> <p>ii) Attendance numbers at scheduled education sessions (including mandatory) have been less than 50 % at most sessions.</p>	<p>i) Ensure all scheduled training is delivered as planned;</p> <p>ii) Ensure all staff attend mandatory training sessions</p> <p>90 days</p>

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

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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 audit.

No data to display
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End of the report.