

Radius Residential Care Limited - Radius Taupaki Gables

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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Radius Taupaki Gables

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

Dates of audit: Start date: 3 June 2021 End date: 4 June 2021

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: 58

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 Taupaki Gables is owned and operated by Radius Residential Care Limited. The service provides rest home and hospital care for up to 60 residents. On the day of the audit there were 58 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, management and general practitioner.

The service is managed by an experienced manager/registered nurse who has been in the role eight years. She is supported by a clinical coordinator/enrolled nurse and regional operations manager. Residents and relatives interviewed spoke very positively about the care and the services provided at the rural facility.

The service has achieved continuous improvement ratings for good practice, restraint free environment and activities.

Consumer rights

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

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

Radius Taupaki Gables practices in accordance with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights 'the Code' and copies of the code are displayed throughout the facility. There is information available about the Nationwide Health and Disability Advocacy Service. Staff, residents and family confirmed the service is respectful of individual needs, including cultural and spiritual beliefs. There are implemented policies to protect residents from discrimination or harassment. There is a complaints policy supporting practice and an up-to-date register. Staff interviews confirmed an understanding of the complaint process.

Organisational management

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

Standards applicable to this service fully attained.

There are organisational-wide processes to monitor performance and compliance against regulations and legislation required. The service is managed by appropriately trained personnel and there is regional support and regional manager/registered nurse in place to oversee service delivery in the absence of the manager. There is an adverse event reporting system implemented. Monthly data collection and analysis is undertaken, and results are made known to staff. There is a human resource manual to guide practice. Staff files reviewed had all employment documentation in place. There is a documented rationale for staffing the service. There are sufficient staff on duty to meet the needs of the residents.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

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

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 practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent senior healthcare assistants are responsible for the administration of medicines. Medication charts are reviewed three-monthly by the GP.

The activities coordinator implements 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 commented positively on the meals.

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.

Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. The building holds a current warrant of fitness. There are all single rooms, nine with hand basins and the rest with hand basins and toilets. All showers are communal. External areas are safe and well maintained with shade and seating available. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. There is no laundry done on site. Cleaning services are monitored through the internal auditing system. Systems and supplies are in place for essential, emergency and security services. There is a first aid trained person on duty at all times.

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.

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

There is a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. The facility is restraint free. Staff receive training around behaviours of concern and falls prevention.

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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There are infection control management systems in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is reviewed annually and meets the needs of the service. The infection control coordinators have completed infection control training. 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. 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. There is sufficient personal protective equipment available.

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	3	42	0	0	0	0	0
Criteria	3	90	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Radius Taupaki Gables has an implemented code of rights policy and procedure. Discussions with care staff including; four healthcare assistants (HCA), three registered nurses (RN), one clinical coordinator/enrolled nurse, one activity coordinator and one facility manager identified their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights 'the Code'. Interviews with six residents (two rest home and four hospital) and seven relatives (four hospital and three rest home) confirmed services are provided in line with the Code.
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	The service has in place a policy for informed consent. Completed general and advance directive forms were evident on all resident files reviewed (two rest home and six hospital). Discussions with staff confirmed that they are familiar with the requirement to obtain informed consent for entering rooms and personal care. When interviewed families and residents stated that informed consent was discussed with them on admission and consent forms were signed. Enduring power of attorney (EPOA) is filed in residents' charts.

give informed consent.		
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	There is an advocacy policy and procedure that includes how staff can assist residents and families to access advocacy services. Contact numbers for advocacy services are included in the policy and advocacy pamphlets are available at reception. Residents are provided with a copy of the code and Nationwide Health and Disability Advocacy services pamphlets on entry. The resident file includes information on resident's 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	Radius Taupaki Gables has strong links to the community and seen as the "hub" of the rural part of the community. The residents, family and staff are involved in community events, functions and activities with the residents. Interviews with residents and relatives confirmed that visiting can occur at any time and the residents are encouraged to maintain former community links. Family members were seen visiting on the days of the audit. Key people involved in the resident's life are documented in the care plans.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The complaints policy and procedure states that clients/family/whānau shall have access to a complaints system whereby they can express concern without prejudice and those concerns are addressed. Complaints information and forms are included in the information pack provided to residents and relatives at entry. Residents/family interviewed were aware of the complaints process and stated the management team were approachable should they have any concerns. There are compliments/suggestions/complaints forms and post box available at the front entrance.</p> <p>The manager/RN is the privacy officer and has a job description and completed on-line Privacy Commissioner training. All verbal and written (including email) concerns/complaints have been acknowledged, investigated and resolved to the satisfaction of the complainant within the required timeframes. There is a complaint register that includes date of incident, complainant, summary of complaint, and sign-off as complete. The regional operations manager is notified of any complaints.</p> <p>There were 22 complaints for the period 2019-2020 and three complaints to date for 2021. The reduction of complaints has been linked to improved team work and communication (link CI 1.1.8.1). There have been no DHB or HDC complaints.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>The information pack provided to residents on entry includes how to make a complaint, code of rights pamphlet, advocacy and H&D Commission information. The 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. Interviews with residents and relatives identified they are well informed about the code of rights. A health and disability advocate presents a discussion around code of rights annually at a family meeting. The Code of Rights (in English and Māori) is displayed in the front entrance.</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>The service has a philosophy that promotes quality of life and involves residents in decisions about their care, respects their rights and maintains privacy and individuality. The admission process identifies the residents advocate or contact person. Discussions with residents and relatives confirmed the staff are respectful and that their privacy is respected. All rooms are single, and staff were observed to be knocking on resident doors before entering. There are privacy locks and curtains in communal toilet/shower rooms. Cultural and/or spiritual values and individual preferences are identified on admission and met. Care plans reviewed identified specific individual likes and dislikes. Spiritual/religious advisors can be accessed for residents on request.</p> <p>There is an implemented abuse & neglect policy and staff have completed training around this as part of the orientation workshop and ongoing as part of the compulsory education planner. Care staff interviewed could describe appropriate practices to prevent and identify any abuse or neglect.</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>There is a specific Māori health care plan and a culturally safe care policy. The service has one resident who identifies as Māori. Their cultural wishes are documented within the long-term care as viewed. Discussions with staff confirmed an understanding of the different cultural needs of residents and their whānau. Contact is made when required with local kaumātua & maraes including Rewiti Marae Waimauku, Hoani Waititi Marae Glen Eden, Te Henga Marae Bethells Beach, Te Piringatahi O Te Maunga Rongo Marae West Harbour and DHB Māori Liaison Nurse & Māori Health Services. Staff complete cultural training including Treaty of Waitangi principles.</p>
<p>Standard 1.1.6: Recognition And Respect Of The</p>	FA	<p>Care planning includes consideration of spiritual, psychological and social needs. Residents indicated that they are involved in the identification of spiritual, religious and/or cultural beliefs and felt their needs were being met. Resident care plans for two residents of other ethnicity identified their cultural needs and supports. Care plans</p>

<p>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>		<p>reviewed included the residents' social, spiritual, cultural and recreational needs. Church services are held on site, and residents are supported to attend church services of their choice.</p> <p>Relatives interviewed stated that they felt they were consulted. Family involvement in meetings, activities and facility functions is encouraged.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>There is a discrimination and harassment policy in place which is being practiced. There is a staff policy in relation to gifts and gratuities and the management of external harassment. Staff sign a code of conduct and non-disclosure clause on employment. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. Interviews with staff informed an understanding of professional boundaries. Residents interviewed felt that there was no discrimination.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<p>Services are provided at Radius Taupaki Gables that adhere to the Health & Disability Services Standards (2008) and all required legislation and guidelines are adhered to. The service has implemented policies and procedures to provide assurance it is adhering to relevant standards. Policies are reviewed and approved by the clinical management committee at an organisational level. The quality programme is designed to monitor contractual and standards compliance and the quality of service delivery in the facility.</p> <p>The service researched and introduced the Hogwarts initiative to develop a strong team culture which has resulted in retention of staff, increased resident/relative satisfaction and reduction of complaints.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>There is a policy for open disclosure. Thirty-two incident reports reviewed across the service, identified the relatives had been notified within a timely manner. Relatives interviewed confirmed they are notified of any changes in their family member's health status. The relatives are invited to the six-monthly care plan evaluations with the RN.</p> <p>Resident meetings are open to family and provide an opportunity for discussion and feedback on the services. There are quarterly family meetings held. Annual surveys are completed with results fed back to participants. The Taupaki Tattlers newsletter keeps residents and relatives updated on all facility matters and infection control and Covid alert levels and restrictions.</p>

communication.		<p>The facility has an interpreter policy to guide staff in accessing interpreter services. There are no residents who currently require an interpreter.</p> <p>Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The information pack and admission agreement included payment for items not included in the services.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Radius Taupaki Gables is certified to provide hospital services (medical and geriatric services) and rest home care for up to 60 residents. On the day of the audit there were 58 residents. There were 10 rest home residents and 48 hospital level residents. All residents were under the aged residential care contract (ARCC).</p> <p>There is an overall Radius annual strategic business plan with goals around marketing, risk management, business and services, leadership and management which is reviewed three- monthly. Radius Taupaki Gables has a 2020-2021 business plan that includes the Radius vision and values. Key performance indicators include falls reduction in the lounges, reduction of falls with injury, reduction of infection rates, reduction of complaints and maintaining internal audit results above 95%. Achievements to date include reduction of falls with injury by 42% and reduction of complaints. The service is the pilot facility for the introduction of ease medication system and awaiting signoff by Health Metrics.</p> <p>The manager is a registered nurse and has been in the role eight years. She is supported by an experienced clinical coordinator who is an enrolled nurse and has been in the role eight years. The management team is supported by a regional operations manager who visits at least twice monthly and covers four other Radius sites.</p> <p>The manager has maintained at least eight hours of professional development activities related to managing an aged care facility including attending a two-day Radius conference and two-day aged care conference.</p>
<p>Standard 1.2.2: Service Management</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</p>	FA	<p>During the temporary absence of the manager, the service is managed by the clinical coordinator with support from the regional operations manager who is a registered nurse.</p>

services to consumers.		
<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>	FA	<p>There is an organisational quality/risk management plan that includes: clinical/care related risks, human resources, health and safety, environmental/service, financial as well as site-specific risks/goals identified.</p> <p>There are policies and procedures appropriate for service delivery. Policy manuals are reviewed two yearly or earlier due to changes. New/updated policies are sent from head office. New policies/procedures are put in the staffroom for reading.</p> <p>There are a number of facility meetings including triangle of support meetings (management), two monthly quality risk/health and safety meeting, RN and enrolled nurse clinical meetings alternating bi-monthly with RN and HCA meetings and compulsory all staff meetings. All staff read and sign meeting minutes that are available in the staffroom reading folder. Quality data including collection of monthly accident/incident, infection surveillance data, resident/relative surveys, internal audits completed and outcomes, reviews of corrective action plans implemented when service shortfalls are identified, occupational health and concerns/complaints are discussed and documented in meeting minutes sighted. Head office receive monthly reports. The service is benchmarked against other Radius facilities.</p> <p>There is an internal audit timetable set up at head office. Internal audits cover the clinical, environmental, health and safety, infection control, support services and human resource areas of the service. Audits are allocated to the relevant person. Monthly audit reports with outcomes are reported to the regional operations manager. Where audit results are less than 95% a re-audit is required. All audits and corrective actions are signed off when completed. A facility health check is completed six-monthly by a regional manager last May 2021.</p> <p>Resident/relative surveys are conducted annually by an external company. Results are collated and fed back to participants. Quality improvement plans are developed for identified areas for improvement. The overall satisfaction rate for 2021 was 95% using a new format. Food satisfaction survey increased from 80% in 2020 to 88% in April 2021.</p> <p>There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. The health and safety committee representatives have completed work safe courses. There are job descriptions for the health and safety officer and representatives. The health and safety committee meet monthly which is incorporated into the quality risk meetings. Staff are informed of upcoming meetings and meeting minutes are available to staff. Hazards are logged onto the eCase system which alert managers. All new staff complete health and safety induction on employment and ongoing as part of the annual training plan that includes emergency management and hazard management. The generic hazard register for the company was reviewed May 2021. There is a site-specific hazard register which is regularly reviewed by the committee. Contractors complete a site induction.</p> <p>Falls prevention strategies for individual residents such as sensor mats, low beds, landing mats, specialised chairs and intentional rounding are implemented and were described by care staff interviewed. Individual care plans</p>

		identify falls prevention strategies. Work stations have been set up in the lounges which has reduced the number of falls in lounges.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Thirty-two accident/incident forms (nine falls, twelve bruises, nine skin tears and two pressure injuries) were reviewed for the month of April 2021. When an incident occurs the healthcare assistant (or staff discovering the incident) completes the form and the RN undertakes a timely initial assessment. All incidents are logged onto the electronic system and analysed for trending and preventative action. The RN notifies family and the GP as required. The clinical coordinator collects incident reports daily and reviews both the incident and actions taken in consultation with the manager. The care staff interviewed could describe the process for management and reporting of incidents and accidents. Neurological observations had been completed as per protocol for unwitnessed falls.</p> <p>Discussions with the regional manager and manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications. Two notifications have been made since the last audit. One section 31 was completed for a stage 3 pressure injury in April 2020. There was a section 31 notification for no RN on site for two days in November 2019 due to the bureau RN ringing in sick. The public health unit was notified of a gastroenteritis outbreak in November 2020.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Eight staff files were reviewed (one clinical coordinator/EN, two registered nurses, two healthcare assistants, one activity coordinator, one cook and one administrator/health and safety representative). All files reviewed had appropriate employment documentation including employment contracts, job descriptions, completed orientations and performance appraisals. Practising certificates were sighted for registered nurses, the enrolled nurse, GPs, physiotherapist, pharmacy, podiatrist and dietitian.</p> <p>The organisation has a staff orientation policy. Staff receive a site induction including fire safety, emergency management and infection control. Role-specific orientation is completed. Staff interviewed confirmed that all staff employed have an orientation period and that this is extended if required on an individual basis.</p> <p>The service has an internal training programme directed by head office that covers all required topics. The 2020 education planner had been completed and 2021 had been completed to date. All training has reading material and questionnaires that are completed by staff. There are additional topical tool box talks. There is a register for staff competencies that shows all competencies are current including medications, syringe driver, hand hygiene, and safe manual handling (taken by the physiotherapist). Qualified nurses have the opportunity to attend external training as offered. The RNs are supported by a visiting gerontology nurse specialist from the DHB. Two of eight RNs and the clinical coordinator and manager have completed interRAI training.</p> <p>There are 30 healthcare assistants; fourteen have level 4 qualification, six have level 3, three have level 2 and</p>

		seven have level 1. The service has three Careerforce assessors.
<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>	FA	<p>There is an acuity and clinical staffing ratio policy in place that includes a documented rationale for staffing the service. The manager is a registered nurse, works full-time and shares the on-call with the clinical coordinator/EN.</p> <p>There are 60 dual purpose beds divided into two wings. There are two RNs on duty on the morning shifts and afternoon shifts. If due to sickness or leave there is one RN, they are supported by a medication competent HCA. There is one RN on night duty.</p> <p>Kowhai has 31 beds. On the day of audit there were seven rest home and 23 hospital level of care residents. There were four HCAs on the full morning shift and four HCAs on the afternoon shift with varying finish times.</p> <p>Magnolia has 29 beds. On the day of audit there were three rest home and 25 hospital level of care residents. There were four HCAs on the full morning shift and four HCAs on the afternoon shift with varying finish times (7 pm and 9 pm).</p> <p>There are three HCAs on night shift with varying start times (7 pm and 9 pm) to ensure there are three HCAs working the full shifts across afternoons and nights.</p> <p>Staff interviewed stated that there is adequate staffing to manage their workload. Staff are replaced for sickness and annual leave.</p> <p>Residents interviewed confirmed that there are sufficient staff on duty at all times.</p> <p>There are designated staff for activities, food services, housekeeping, maintenance and administration.</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>There are resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual electronic record and service register. 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 in resident files sampled were legible, dated and have an electronic signature by the relevant caregiver or RN including designation.</p>
<p>Standard 1.3.1: Entry To Services</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</p>

Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.		reviewed met the requirements of the ARRC contract. Exclusions from the service are included in the admission agreement. All admission agreements sighted were signed and dated.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	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. The facility uses the 'yellow envelope' transfer system. Communication with family is made.
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	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were three residents partially self-administering on the day of audit, for example, inhalers. The residents were competent to administer these medications and a consent form had been signed by the resident and GP. Reviews had taken place. There are no standing orders. There are no vaccines stored on site.</p> <p>The facility uses a paper based and robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. RNs and medication competent HCAs administer medications. Staff attend annual education and have an annual medication competency completed. All RNs are syringe driver trained by the hospice. The medication room and medication fridge temperatures are checked weekly and temperatures meet requirements. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications on medication sheets. Sixteen medication charts were reviewed (four rest home and twelve hospital). Medications are reviewed at least three monthly by the GP. There was photo ID and allergy status recorded. 'As required' medications had indications for use charted.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's	FA	The service has a kitchen manager who works 38 hours a week and a cook who also works 38 hours a week. There are five kitchenhands who work on a rostered basis. The kitchen manager and cook have food safety certificates and the kitchenhands have internal training. The kitchen manager oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked on site. Meals

individual food, fluids and nutritional needs are met where this service is a component of service delivery.		<p>are served in the dining rooms from hot boxes. Meals going to rooms on trays have covers to keep the food warm. Special equipment such as lipped plates is available. On the first day of audit meals were observed to be hot and well-presented and residents 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 electronically each day. 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 in a folder. If a resident has weight loss the kitchen manager is notified, and extra protein and supplement drinks are added to the diet. The four-weekly menu cycle is approved by a dietitian. All residents and family members interviewed were satisfied with the meals.</p> <p>The food control plan was verified on 11 May 2021.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</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 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>Standard 1.3.4: Assessment</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 during admission in consultation with the resident and their relative where appropriate. InterRAI assessments had been completed for all residents whose files were sampled. Overall, the goals were identified through the assessment process and linked to care plan interventions. Other assessment tools in use included (but are not limited to) pain, behaviour, nutrition and continence.</p>
Standard 1.3.5:	FA	<p>Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans are</p>

<p>Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>		<p>resident centred. Interventions documented support needs and provide detail to guide care. Care plan interventions are updated 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 physiotherapist, wound care nurse, dietitian and mental health care team for older people. The care staff interviewed advised that the care plans were easy to follow.</p>
<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. All care plans sampled had interventions documented to meet the needs of the resident and there is documented evidence of care plan interventions being updated as residents' needs changed. It was noted that electronic short-term care plans had been used for infections.</p> <p>Resident falls are reported on electronic incident forms and written in the electronic progress notes. Neurological observations are taken when there is a head 'knock' or for an unwitnessed fall.</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 wound evaluation electronic forms are in place for all wounds. Wound monitoring occurs as planned. There are currently six wounds being treated. There are currently five pressure injuries. One was a non-facility stage four pressure injury. There is one stage one, two stage two and one stage four. A section 31 was documented for the stage four. There has been wound care nurse specialist input. Photos have been taken. Pressure relieving equipment is available and repositioning is documented electronically.</p> <p>Electronic 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.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their</p>	CI	<p>There is an activities coordinator who works 24 hours a week. There is an activities assistant who works 24 hours a week. On the days of audit rest home and hospital residents were observed doing exercises, listening to news and views, playing bowls and bingo, enjoying happy hour and listening to an entertainer.</p> <p>There is a weekly programme in large print on noticeboards and residents have a copy in their rooms. Some families have it emailed to them as requested. 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.</p> <p>Those residents who prefer to stay in their room or who need individual attention have one-on-one visits.</p>

needs, age, culture, and the setting of the service.		<p>There are interdenominational church services twice a month and Catholic communion weekly or on request.</p> <p>One resident likes to sit at a table in reception and do puzzles. There is a men's group who meet fortnightly. They do projects or go for outings. There are large grounds for residents to walk in. There are weekly van outings. They drive to places where there are nice views or to the beach. They also visit shops, cafés and recently have been to the Navy Museum, the Orewa Japanese dolls exhibition and the Van Gogh exhibition.</p> <p>Happy Hour is every second Thursday and there are monthly entertainers. Special events such as birthdays, Easter, Anzac Day, and Queens's birthday are recognised and celebrated. The facility has Netflix, so movies are always available.</p> <p>The facility has five cats, four chickens and pet therapy weekly. Visitors also bring in pets including a horse. There is a residents' vegetable garden.</p> <p>There is much community input from a large group of volunteers, preschools, play groups, dance groups theatre groups and music groups. The music group involves the residents in playing instruments. During lockdown the theatre group performed outside, and the residents watched through the windows. There are a number of residents who are pen pals with Taupaki school pupils.</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. Resident files reviewed identified that the activity plan is based on this assessment. Activity plans are evaluated at least six-monthly at the same time as the review of the long-term care plan.</p> <p>Resident meetings are held monthly, but residents often have their say at the end of an activity.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All plans reviewed had been evaluated by the registered nurse six-monthly or when changes to care occurred. 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 is at least a three-monthly review by the GP. The family members 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>	FA	<p>Referral to other health and disability services is evident in the electronic 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, mental health services for older people and the physiotherapist. 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>

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>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. Safety data sheets and product sheets are available. A sharps container is available and meets 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.</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 June 2021. The facility has applied for this to be renewed. There is a maintenance person who works 40 hours a week. There is a contracted gardener. Electrical and plumbing contractors are available when required.</p> <p>There is a preventative and reactive maintenance schedule. Electrical equipment has been tested and tagged. The scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The rest home and hospital are carpeted. Corridors are wide, 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 maintained. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>Staff interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</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>There is a mix of ensuite and communal use for toilet/shower facilities. All resident rooms have hand basins. Residents interviewed confirmed their privacy is assured when staff members are providing assistance with personal cares. There are adequate numbers of communal toilet/shower rooms. Communal toilets have privacy signs. Fixture's fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All rooms are single. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining</p>	FA	<p>There are large and small communal areas. The larger areas are used for activities and the smaller areas are for residents to read, entertain visitors or just have quiet time. Lounges have gas log fires which create a homely atmosphere. The dining area is large. There is a nice ambience in the dining room with dressers of fine china lining the walls and twinkling lights and flowers along the ceiling rafters.</p>

needs.		
<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 done off site. There is a cleaning manual and safety data sheets. Personal protective equipment is available. Cleaning services are monitored. There are two sluice rooms for the disposal of soiled water or waste and the sluicing of soiled linen if required. The sluice rooms are kept closed when not in use. Cleaning trolleys have a locked box where chemicals are stored and they are also stored in the sluice rooms when not in use.</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 policies and plans to guide staff in managing emergencies and disasters last reviewed May 2021. The service has developed a specific emergency assistance folder for the rural facility including a "storm" plan. The facility has a fire evacuation plan that has been approved by the fire service 16 July 2001. There are six monthly fire drills last completed January 2021. The manager and maintenance person have completed fire and emergency warden training.</p> <p>All staff completed emergency management training in January 2021. All RNs, diversional therapists, some level 4 HCAs and maintenance person complete first aid training ensuring there is a first aid trained staff member on duty at all times.</p> <p>There are sufficient civil defence supplies which is checked annually. There is at least three days of food supplies stored separately from the kitchen supplies. There is gas and electric cooking and a barbeque available for alternative cooking. There are external fresh water tanks. There is a generator on site which automatically switches on in the event of a power failure. The facility is secure after hours.</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</p>	FA	<p>All bedrooms and communal areas have ample natural light and ventilation. There are panel heaters in the bedrooms and hallways. The front lounge at reception has a heat pump but all other lounges have gas log fires. Staff and residents interviewed stated that both are effective. Residents also commented that the log fires make them feel cosy. There is an area outside off a deck where residents may smoke. All other areas are smoke free.</p>

maintained at a safe and comfortable temperature.		
<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>Radius Taupaki Gables has implemented the Radius infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection coordinator role is shared between the manager/RN and clinical coordinator/EN who have job descriptions that outline the responsibilities of the role. The Radius infection control programme is reviewed annually at organisational level. The service reviews progress towards infection goals at the monthly quality/infection control meetings.</p> <p>Visitors are asked not to visit if they are unwell. There was Covid screening and declarations in place. There were adequate hand sanitisers and signage placed throughout the facility. Residents and staff are offered the influenza vaccines and on the day of audit residents were receiving their Covid vaccines. Staff were receiving their Covid vaccines in small groups and 50% to date had been vaccinated.</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 infection control coordinators have completed Webinar courses on Covid-19 and online MOH education. There have been zoom meetings with the DHB gerontology nurse specialist on Covid-19 who also completed a virtual assessment on the preparedness of the service in the event of an outbreak. The infection control coordinators are supported by an infection control committee comprising of representatives across the service. Radius have an infection control specialist who is readily available to management and staff. The DHB has been supportive and responsive in assisting the rural facility to ensure there is sufficient personal protective equipment available. Removable isolation tables were made for use and painted by residents. Other infection control advice can be sought for an external infection control specialist and GPs.</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</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training and education of staff. The infection control policies link to other documentation and uses references where appropriate.</p> <p>Infection control policies are reviewed as part of the policy review process by Radius. Input is sought from facilities when reviewing policies.</p>

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>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 coordinators ensure training is provided to staff through orientation which includes hand hygiene competency and standard precautions and use of personal protective equipment. Infection control training is included in the annual education planner. Staff were kept informed and updated on alert levels and policies and procedures around Covid-19. Radius updates were posted for staff. Staff completed handwashing and infection control competencies.</p> <p>Resident education is expected to occur as part of providing daily cares. Residents and relatives interviewed confirmed they were kept updated in regard to Covid levels with weekly newsletters. Resident education on infection control has been a topic 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>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections and internal (process) monitoring is undertaken via the internal audit programme. The infection control coordinators maintains an infection control register that compares monthly infection events by type. This data is analysed for trends and the clinical indicator data is reported to the infection control committee, quality, RN and staff meetings. The service submits data monthly to Radius head office where benchmarking is completed. The service receives an end of month laboratory report of microorganisms. The GP monitors the use of antibiotics.</p> <p>There has been one gastroenteritis outbreak in October 2020. Case logs and notification to the DHB and public health unit were sighted.</p>
Standard 2.1.1:	CI	The service philosophy around restraint is that it is used as an intervention that requires a rationale and is regarded as a last intervention when all other interventions or calming/defusing strategies have not worked. The

<p>Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>service has remained restraint free since 2012. There were no residents using enablers. There is a regional restraint group at organisational level. The restraint coordinator/RN has been in the role nine years. The restraint committee includes the GP, physiotherapist, manager and HCA (night shift).</p> <p>Training around restraint minimisation, enablers and challenging behaviour has been provided as part of the orientation for all new staff and ongoing as part of the training plan. Care staff complete restraint competency skills.</p>
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.	CI	The service researched and introduced the Hogwarts initiative to develop a strong team culture which has resulted in retention of staff, increased resident/relative satisfaction and reduction of complaints.	The service had noted a decline in teamwork, connectivity and resistance to change. The company had introduced new values and the challenge was to embed the values into the service. The Hogwarts initiative was commenced in 2019 based on the seven values that Harry Potter can teach about company culture being shared values, a clear mission statement to guide the team, problem solving, a management style that suits the team, collaboration between the houses, no one perfect approach to company culture and a magic team is formed over time. The staff were divided into four teams with different attributes and a points system for acts of service and for showing company values including compassion, commitment and courage was introduced. Points were placed in team jars by way of red rubies and the team with the most at the end of the month won a team lunch of their choosing. For some staff and residents who had missed the Harry potter books movie afternoons with popcorn and ice-cream were held. Harry Potter fun and frivolity were included in education sessions such as the marauders map for health and safety. Without realising it the staff were team building and teams were coping with change, helping each other with own huddles and handovers, rosters became easy to plan, teams were nominating other teams for points and sharing successes, winning teams were sharing their prize lunches with the whole team, staff were more nurturing with new staff and incidents were being reported with suggestions on how to prevent them from happening. Fewer staff were leaving within the first six months of employment. There was a reduction in complaints from 42 in the year before Hogwarts began to 23 over the last 12 months.

			<p>Teamwork and team morale improved. There was an increase in attendance at training and an improvement in resilience which was evidenced during the lockdown period. The most important result was that the workers were loving the facility, their roles, and were having fun. The service has been asked to present their Hogwarts teambuilding experience to the DHB and information has been used for a person completing postgraduate studies.</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The facility has strong ties to the community and is seen as a hub of the community. The activity team is committed to ensuring residents and the community are integrated. Being a rural facility, the residents have often been landowners in the community, retired farmers or went to school in Taupaki. Embracing a rural lifestyle is important to the facility, families and residents.</p>	<p>The facility has a large vegetable garden and residents enjoy eating produce that they have grown. The gardening group also bring the outdoors inside by bringing driftwood back from a drive and creating air plants. During lockdown they grew sunflowers.</p> <p>The facility has a pet committee to assist in caring for their large menagerie. The committee consists of staff and residents. Pets are logged in the site-specific hazard register. A resident is responsible for feeding the cats. Two residents are responsible for feeding the chickens and collecting eggs. If the weather is inclement the maintenance person or weekend receptionist takes over. A staff member is responsible for flea and worm treatment. The pets are registered at a local vet.</p> <p>There are regular visiting pets – Dougal (staff dog), Timber (staff dog), Bella (staff dog), Tammy (resident's dog), Isla (resident's dog), Polly (SPCA dog), Annie (a local's horse), rabbits and guinea pigs with the SPCA and locals' lambs when in season. Those residents with past equestrian interests love the horse visiting.</p> <p>There is a photo wall of pet visitors to showcase the animal friendly facility. The activities assistant has also set up an Instagram page with photos of all the pets featuring.</p> <p>At the gate to the facility there is a community stall where the community may drop off or exchange items. The large volunteer group is from the local community.</p> <p>Resident and family feedback has been very positive in regard to the pets and the embracing of community involvement. There have been fewer concerns regarding the activities programme and increased client satisfaction.</p>

<p>Criterion 2.1.1.4</p> <p>The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.</p>	<p>CI</p>	<p>The service has achieved a goal of remaining restraint free since 2012 through a focus on staff training, alternative strategies and managing challenging behaviours.</p>	<p>All care staff receive a resource folder on employment containing the restraint policies, restraint guidelines, risk behaviours, restraint alternatives/de-escalation and restraint methods. Staff complete a self-directive learning package and comprehension quiz to evidence knowledge learned. Annual restraint and challenging behaviours training were last completed May 2021. The restraint coordinator and GP meet with families and discuss alternative strategies to using restraint. Staff follow guidelines and care plan interventions for the management of behaviours of concern including excluding medical cause of challenging behaviours, confusion and delirium and infection. De-escalation and redirection including the use of activities and one-on-one time has minimised the need for restraint use. Laser beams and clip alarms are used for residents at risk of falling. Comfort cares are offered regularly including food, fluids and toileting. De-escalation and redirection including the use of activities and one-on-one time has eliminated restraint use. The service has been successful in achieving a restraint free environment for its residents of who 48 are at hospital level.</p>
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End of the report.