

Radius Residential Care Limited - Radius Kensington

Introduction

This report records the results of a Partial Provisional 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 Kensington

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

Dates of audit: Start date: 8 July 2019 End date: 8 July 2019

Proposed changes to current services (if any): This partial provisional audit was undertaken to verify a second 19 bed capacity dementia care unit. The service has reconfigured their bed capacity and lost three rooms during this process. The new wing is next to the current dementia unit and separated with secure doors. Originally these 19 rooms were providing dual service, rest home and hospital level care. With these changes, Radius Kensington will have two dementia units with 19 bed capacity each,

totalling 38 beds dementia level care. The rest home and hospital dual bed capacity will drop to 58 swing beds. Total bed capacity will be 96 residents.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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

General overview of the audit

Radius Kensington is owned and operated by Radius Residential Care Limited. The service is certified to provide dementia level care, rest home and hospital level care (geriatric and medical), and residential physical disability.

This partial provisional audit was conducted to assess the facility for preparedness to provide a second 19 bed capacity dementia level care in the current facility. The service could have a potential of 38 dementia level care beds (across two units) and 58 dual services beds (rest home and hospital) across the facility. Total bed capacity will be 96 residents.

The service is managed by a facility manager/registered nurse who has experience in aged care management. She is supported by a Radius regional manager and a clinical nurse manager.

The audit identified the new unit, staff roster, equipment, environment and processes are appropriate for providing dementia level care and in meeting the needs of the residents. Radius Kensington already is an experienced provider and maintains qualified staff in providing dementia level care.

The audit identified two improvements around purchase of new medication trolley, hot water monitoring and securing the unit.

Consumer rights

[Click here to enter text](#)

Organisational management

Radius Kensington has a current business plan 2019-2020, which includes dementia specific objectives. There is a current quality plan which covers all aspects of service delivery, infection control and health and safety.

The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is adequate staff and a draft roster to cover the new dementia wing.

Continuum of service delivery

Medication management policies and procedures are in line with legislation and the best practice.

There are no capacity issues regarding the food services. There are no changes required in the kitchen. There are an adequate number of staff and the skill match to cover the roster. Food will be transferred to the new wing in hot boxes.

Safe and appropriate environment

Kensington Radius reconfigured their services and during this process they lost three rooms, and these were added to dining lounge areas. The new dementia unit has 19 rooms and previously these rooms were used for rest home/hospital level care. Four of these rooms have ensuites. All other rooms have a hand basin. All work has been done and did not trigger any changes around the fire evacuation plan and building compliance. All building and plant have been built to comply with legislation.

There is a centrally located nursing station as part of the lounge/dining area. There is a one sluice room with a sanitiser, and material safety data sheets are available for chemicals. The unit has a mix of carpet and vinyl surfaces. All rooms and communal areas are appropriate for dementia level care.

The new unit has an open plan lounge and dining area and a second lounge area will be used for residents who require less stimulus. The nursing station and a small kitchenette are directly off the open plan aspect of the dining and lounge area. Appropriate training, information, and equipment for responding to emergencies are provided at induction and as part of the annual training programme. The call bell system is operational and secure doors have a pin pad lock. Each room has an external window and five rooms have French doors opening to an internal courtyard.

Restraint minimisation and safe practice

The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator and staff are documented. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements. On the day of audit, restraint was not used at Radius Kensington.

Infection prevention and control

The infection control programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. The infection control programme is linked to the quality and risk management system. The clinical manager will support the infection control programme.

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	14	0	3	0	0	0
Criteria	0	34	0	3	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Radius Kensington is a part of the Radius Residential Care group. The service currently provides rest home, hospital (geriatric and medical), dementia level care and residential disability (physical) for up to 97 residents.</p> <p>Radius Kensington is currently certified for 97 beds which included 19 dementia level care and 78 dual service beds (rest home and hospital).</p> <p>This partial provisional audit was undertaken to verify a second 19 bed capacity dementia care unit. The service has reconfigured their bed capacity and lost three rooms during this process. The new wing is next to the current dementia unit and separated with secure doors. Originally these 19 rooms were providing dual service, rest home and hospital level care. With these changes, Radius Kensington will have two dementia units with 19 bed capacity each, totalling 38 beds dementia level care. Their rest home and hospital dual bed capacity will drop to 58 beds. Total bed capacity will be 96 beds.</p> <p>On the day of the audit, there were six residents in the new unit (three hospital and three rest home level care). Doors were not secured, and residents were receiving appropriate level of care. Two rest home and two hospital level care residents were waiting for assessment outcome for dementia level care and the</p>

		<p>facility manager advised that there were 11 residents on the waiting list. Radius Kensington plans to open their new dementia unit on 22 July 2019.</p> <p>The new dementia unit, staffing, training, systems and processes have been verified as suitable for providing dementia level care</p> <p>The Radius Kensington business plan 2019-2020 is linked to the Radius Residential Care group strategies and business plan targets. The mission statement is included in information given to new residents. An organisational chart is in place. Quarterly reviews are undertaken to report on achievements towards meeting business goals.</p> <p>The facility manager has been in the role for over six years. She is supported by a clinical nurse manager, who has been in the role since April 2018. They are both experienced in aged care (including caring for residents with dementia) and they have previously undertaken similar roles. The regional manager also supports the facility manager in the management role and was present during the days of the audit.</p> <p>The facility manager has maintained more than eight hours of professional development activities related to managing an aged care facility.</p> <p>On the day of audit, one family member requested to be interviewed. His next of kin was a resident in the current dementia unit. He expressed satisfaction with all aspects of service delivery and highly praised the staff and management.</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 services to consumers.</p>	<p>FA</p>	<p>In the absence of the facility manager, the clinical nurse manager is in charge, with support from the regional manager and care staff.</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>	<p>FA</p>	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's application, qualifications and experience. A copy of registered nurse (RN) practising certificates are kept on file. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Six staff files reviewed (five healthcare assistants and an RN) contained completed recruitment processes, employment contracts, completed orientation, job descriptions, confidentiality</p>

		<p>statement, and current competencies. Performance appraisals were completed at least annually.</p> <p>A register of RN staff and other health practitioner practising certificates is maintained. Registered nurses are supported to maintain their professional competency. The orientation programme provides new staff with relevant information for safe work practice. Staff are required to complete written core competencies during their induction. These competencies are repeated annually.</p> <p>The facility manager advised that to date, they have full staff cover including a RN who has been employed for the new dementia unit. There are 12 RNs including four interRAI competent RNs.</p> <p>Fourteen healthcare assistants have completed dementia care qualifications and three staff members are waiting for their Careerforce papers to be marked. A number of staff completed online training - Understanding Dementia - through Tasmania University.</p> <p>A 2019 training plan is implemented, and staff training achievements were recorded. Year to date, staff training records showed over 70% completion and some subjects such as cultural safety, sexuality, intimacy, spirituality, informed consent, privacy, food handling, death and grief, communication, aging process and restraint minimisation training were completed by over 90% of staff.</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. There is a full-time facility manager and clinical nurse manager who work from Monday to Friday.</p> <p>The proposed roster is the same as the current 19 bed dementia unit. There will be two healthcare assistants on duty on the morning and afternoon shifts and one on the night shift.</p> <p>There is a dedicated RN who will be working 1.30 pm to 10 pm to cover sun downing period and provide oversight for morning and afternoon shifts.</p> <p>Radius Kensington are advertising for two healthcare assistants to cover staff annual leave and maternity leave. Currently the service has staffing capacity to run their new wing.</p>

<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>	<p>PA Low</p>	<p>Medications policies and procedures are in line with legislation and reference the medicines care guides for residential aged care. There are no changes required around medication management other than, the service requires to purchase a medication trolley.</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>	<p>FA</p>	<p>The current kitchen will adequately provide food services to the new wing, and no changes are required for their services. There is a well-equipped kitchen and all meals are cooked on site. Meals are served directly from a bain marie in the kitchen to the main lounge and will be delivered to the dementia unit via hot boxes. There is a small kitchenette in the dementia unit next to the dining/lounge area.</p> <p>The cook accommodates meals for residents with dislikes, with alternative foods offered. Special dietary requirements are accommodated including pureed meals, vegetarian, gluten free and diabetic desserts. There is special equipment available for residents if required. A resident dietary profile is developed for each resident on admission and provided to the kitchen staff. The chef is notified of any changes to residents' dietary requirements.</p> <p>The menus have been audited and approved by a dietitian. There was evidence that there are additional nutritious snacks available over 24 hours.</p> <p>As part of the food safety programme, regular audits of the kitchen fridge/freezer temperatures and food temperatures are undertaken and documented. Food safety in-service training is conducted. The food control plan expires on 31 March 2020.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The current dementia unit and the new unit will share a full-time activities coordinator. The activities coordinator for the dementia unit has completed the dementia unit standards, and activities are provided seven days a week from 9.45 am to 4.30 pm. Care staff are involved in resident activities as part of their role. All activity coordinators have a current first aid certificate.</p> <p>The activities programme includes crafts and art, music therapy, bowls, games and one-on-one therapy. On the day of audit, staff were observed taking part in the activities in small groups and walking with residents around the current</p>

		dementia unit. The activities programme also shows community connections.
<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	There are policies and procedures around management of waste and hazardous substances. Gloves, aprons, and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety data sheets are available. There is a sluice room with a sanitiser. Staff have completed chemical safety training.
<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>	PA Low	The building holds a current warrant of fitness, which expires on 13 July 2019. Electrical equipment has been tested and tagged. Hot water temperatures have been monitored monthly, but records reviewed were not within the acceptable range. Rooms were a mix of vinyl and carpet as these rooms were previously used for hospital and rest home residents. The new unit has an internal courtyard as an outdoor area which has a safe access. Seating and shade is provided.
<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	All bedrooms have hand basins. Four rooms have ensuites. There are three communal bathrooms in which two of them have toilet facilities.
<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	Residents' rooms are spacious and previously used for hospital level care. All rooms are single. The clinical nurse manager advised that residents are encouraged to personalise their bedrooms in Radius Kensington.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age</p>	FA	The new unit has an open plan lounge and dining area and a second lounge area for residents who require less stimulus. The nursing station and a small kitchenette are directly off the open plan aspect of the dining and lounge area.

<p>appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>These two living spaces can accommodate individual and group activities.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>There are no changes required around laundry services. The laundry has two commercial washing machines and two dryers. A clean/dirty area is defined. The cleaners have access to a range of chemicals through a mixing system, cleaning equipment and protective clothing. Safety data sheets and product information are available. Cleaning trolleys are kept in locked areas when not in use.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals. Effectiveness of laundry and cleaning services are monitored.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>An emergency management plan is in place to guide staff in managing emergencies and disasters. Fire drills occur every six months at a minimum. The orientation programme and mandatory education and training programme includes fire and security training. There are adequate supplies available in the event of a civil defence emergency including food, water and blankets. There is a first aid trained staff member on every shift. Kensington has an approved fire evacuation plan dated 16 November 2000. Reconfiguration of rooms were completed internally, therefore no changes are required for the fire evacuation plan. The service has alternative cooking facilities (BBQ) and there is a battery based uninterrupted power supply system for emergency lighting. Emergency food supplies sufficient for three days, are kept in the kitchen. A security door with a keypad lock has been installed in the new unit, but doors were not secured yet as they are waiting for HealthCERT approval. A call bell system is in place and operational.</p>
<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.</p>	<p>FA</p>	<p>General living areas and resident rooms are appropriately heated and ventilated. There are radiators in the residents' rooms and heat pumps in common areas. All rooms have external windows with plenty of natural sunlight. Five rooms have access to an internal courtyard along with the second lounge.</p>

<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>	<p>FA</p>	<p>There is comprehensive infection control (IC) policies that meet the IC Standard. It is linked to the incident reporting system and the Radius KPIs. The clinical nurse manager is the IC coordinator and the IC programme is appropriate for the size and complexity of the service. Infections by type are collated monthly and reported to the combined quality, health and safety and infection control meetings. Data is analysed for trends and corrective actions. Meeting minutes and graphs are displayed for staff reading.</p> <p>Annual review of the IC programme is conducted through head office and IC data is benchmarked against other Radius facilities.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator and staff are documented. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements. On the day of audit, restraint was not used at Radius Kensington.</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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>Medicines management information is well established at Radius Kensington. Policies and procedures reflect best practice and reference the medicines care guides for residential aged care. Only RNs and medicine competent healthcare assistants who have been assessed as competent are permitted to administer medicines to residents. Staff medicine competencies were up to date.</p> <p>The service is using robotic roll packaging. Medications are delivered fortnightly and these are checked by the RN against the medication chart. There is a central medication room with trolleys for each wing and the service is required to purchase a new trolley for the new</p>	There is a central medication room with trolleys for each wing, but the new wing did not have a separate medication trolley.	<p>Ensure that there is a dedicated medicine trolley for the new unit.</p> <p>Prior to occupancy days</p>

		<p>wing. The medication room is appropriate for the proposed change as the total number of residents has not been increased. A self-medicating resident's policy is available if required, however self-medication is not appropriate for dementia level care.</p>		
<p>Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The building holds a current warrant of fitness, which expires on 13 July 2019. The facility manager advised that the process is underway for the issuing of a new warrant of fitness. Re-configuration services were undertaken internally and advised that it did not require a code of compliance. Three hospital/rest home rooms were reconfigured and formed a part of the lounge/dining areas (two rooms were added to the lounge dining area and formed the nursing station, and the third room was a part of the second lounge area). There is a planned maintenance programme in place. Reactive and preventative maintenance occurs. Issues that require maintenance are written in the maintenance book and signed off when completed. Electrical equipment has been tested and tagged. Hot water temperatures have been monitored monthly, but records reviewed were not within the acceptable range.</p>	<p>Water temperatures in residents' rooms are monitored monthly and recording showed that it fluctuated between 37 degrees C to 53.6 degrees C. Maintenance staff interviewed stated that tempering valves were adjusted after the high readings however re-testing has not occurred and there was no documentation either electronically or paper-based showing a follow-up after high readings.</p>	<p>Ensure that hot water in residents' rooms are maintained between 42 to 45 degrees C.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.6 The organisation identifies and implements appropriate security</p>	PA Low	<p>A security door with a keypad lock has been installed in the new unit but doors were not secured yet as they are waiting</p>	<p>A security door with a keypad lock has been installed in the new unit but doors were not secured yet.</p>	<p>Ensure the unit is secure prior to occupancy</p>

arrangements relevant to the consumer group and the setting.		for HealthCERT approval. On the day of the audit, there were six residents in the new unit (three hospital and three rest home level care). Doors were not secured, and residents were receiving appropriate level of care		Prior to occupancy days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.