

# Radius Residential Care Limited - Radius Heatherlea Care Centre

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## Introduction

This report records the results of a Surveillance 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:

<b>Legal entity:</b>	Radius Residential Care Limited
<b>Premises audited:</b>	Radius Heatherlea Care Centre
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 6 December 2021      End date: 7 December 2021
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	47

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Heatherlea Care Centre is owned and operated by Radius Residential Care Limited and currently cares for up to 55 residents requiring rest home, hospital, or dementia level care. On the day of the audit, there were 47 residents.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, and staff.

The manager was appointed four months ago and was the previous clinical nurse manager. She is supported by an experienced clinical nurse manager and regional manager. Residents and relatives interviewed spoke positively about the service provided.

There were no previous audit shortfalls and no areas identified for improvement at this surveillance audit.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents and relatives confirmed they are kept well informed on health matters, incidents and facility matters. There are newsletters available and resident meetings are open to families to attend. Complaints processes are being implemented and complaints and concerns are managed and documented.

## 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.
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Radius Heatherlea is part of the Radius group. A facility manager and clinical nurse manager are responsible for day-to-day operations. There is a quality system that is being implemented in line with the organisational quality plan. Management and quality, infection control and health and safety meetings are used to monitor quality activities. Staff are informed through facility meetings and meeting minutes are available. Residents receive services from suitably qualified staff. There is an adverse event reporting system implemented at Radius Heatherlea and monthly data collection monitors predetermined indicators. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is being implemented and includes in-service education and competency assessments. Registered nursing cover is provided 24 hours a day, seven days a week. Residents and families reported that staffing levels are adequate 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.		Standards applicable to this service fully attained.
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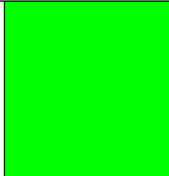
The registered nurses are responsible for each stage of service provision. Initial assessments, interRAI assessments, care plans and evaluations are completed by registered nurses within the required timeframes. Care plans and work logs (developed on the electronic resident system) are written in a way that enables all staff to clearly follow their instructions. The general practitioner reviews residents at least three-monthly. There is allied health professional involvement in the care of the residents.

The activity programme is varied and interesting and meets the cognitive abilities of the groups of residents. The rest home and hospital have an integrated programme. The activities in the dementia unit are flexible and meaningful.

Medication is stored appropriately in line with legislation and guidelines. Staff have received education around medication management and all staff who administer medications have completed a competency assessment. The GP reviews medication charts three monthly.

Meals and baking are prepared and cooked on site. The menu is varied and appropriate and has been reviewed by a dietitian. Individual and special dietary needs are catered for. Alternative options are provided. There are nutritious snacks available 24 hours.

## 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.
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The building has a current warrant of fitness. Reactive and planned maintenance is in place. The outdoor areas are safe and easily accessible.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers. A register is maintained by the restraint coordinator/clinical nurse manager. There were no residents using enablers or with a restraint. Staff regularly receive education and training in restraint minimisation and managing challenging behaviours.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. There is organisational benchmarking. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There have been two outbreaks since the last audit.

## 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)
<b>Standards</b>	0	16	0	0	0	0	0
<b>Criteria</b>	0	41	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaint forms and a suggestion box is available at the entrance to the facility. Information about complaints is provided on admission. Interviews with residents and relatives confirmed their understanding of the complaints process.</p> <p>There is an online complaint register that includes complaints received, dates and actions taken. Advocacy brochures are included with the final letter should a complainant not be satisfied with the outcome. Complaints and compliments are discussed in the management and staff meetings. There were three complaints made in 2020 and three complaints (including two to the DHB) for 2021 to date. Both DHB complaints had been closed out (one was unsubstantiated) with no further actions required.</p> <p>The facility manager/registered nurse (RN) is the privacy manager and has completed online Privacy Breach reporting in-service November 2021.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>Three relatives (two dementia and one rest home) and four residents (two hospital and two rest home) stated the management and staff were approachable and they had been kept well informed on Covid updates and restrictions by phone, emails, and quarterly newsletters. There is an accident/incident reporting policy to guide staff in their responsibility around open disclosure. Fifteen accident/incidents reviewed evidenced family notification had occurred. Other family correspondence was recorded in the resident electronic record. Bi-monthly resident/relative</p>



<p>consumers and provide an environment conducive to effective communication.</p>		<p>meetings are held, and meeting minutes displayed on the noticeboard.</p> <p>There is an interpreter policy in place and contact details of interpreters were available.</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>	<p>FA</p>	<p>Radius Heatherlea is part of the Radius Residential Care group. The service currently provides rest home, hospital, and dementia level care for up to 55 residents. There are 19 dual-purpose beds. On the day of the audit there were 47 residents, 13 rest home (including one resident under long-term stay chronic health condition), 14 hospital (including one under ACC and one on an end of life [EOL]contract) and 20 dementia level residents. All other residents were under the age-related residential care (ARRC) contract.</p> <p>The Radius Heatherlea business plan (model of care) 2021 - 2022 is linked to the Radius Residential Care group strategies and business plan targets. The vision and values are displayed. An organisational chart is in place. There are regular reviews undertaken to report on achievements towards meeting business goals. Achievements include refurbishment of rooms and environmental refurbishments are also underway. An activity coordinator has been employed specifically for the dementia care unit. An electronic medication system is to be implemented in the near future.</p> <p>The facility manager/registered nurse has been in the role for four months and was previously the clinical nurse manager. She is currently completing a postgraduate master's in nursing and has achieved competent level in the professional development recognition programme with the DHB. Orientation specific to the facility manager role has been completed over a three-month period. The facility manager is supported by an experienced registered nurse (RN)/clinical nurse manager who has been in the role for four months and was previously a senior RN at another local Radius facility. She completed her role-specific orientation over three months and has attended aged care clinical education sessions as offered. The DHB have been notified of the change in manager roles. The team are supported by an office manager and the three staff form the management triangle of support team.</p> <p>The regional manager also supports the facility manager in the management role and was present during day two of the audit. The facility manager and regional manager meet monthly and there are fortnightly zoom meetings. The facility manager provides the regional manager with a monthly financial report. The facility manager from another local Radius facility also provides support and was present on day one of the audit.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has</p>	<p>FA</p>	<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 for Radius Heatherlea.</p> <p>Quality and risk performance are reported across facility/quality meetings and to the regional manager. Discussions with the managers and staff reflected staff involvement in quality and risk management processes. The quality</p>

<p>an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>monitoring programme is designed to monitor contractual and standards compliance and the quality-of-service delivery in the facility and across the organisation. There are clear guidelines and templates for reporting.</p> <p>The facility has implemented established processes to collect, analyse and evaluate data, which is utilised for service improvements. Quality data collected includes infection control, accident/incidents, medications, internal audits, restraint, complaints and compliments and survey results. Results are communicated to staff in meetings and displayed on staff noticeboards. Corrective action plans are implemented when opportunities for improvements are identified. Internal audits have been completed as per the Radius schedule. Corrective actions are completed where results are lower than expected and re-audited. The results are communicated to staff on the electronic message board and at staff meetings.</p> <p>An annual resident/relative survey was completed in 2021. Areas for improvement were identified around activities and a quality improvement plan has been implemented. The results of a 2021 food satisfaction survey showed improvement in resident satisfaction from the 2020 survey. The results are fed back to staff and residents/relatives.</p> <p>The service has policies and procedures and associated implementation systems, adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. The service's policies are reviewed at a national level with input from facility staff every two years. Clinical guidelines are in place to assist care staff.</p> <p>Health and safety policies are implemented and monitored by the Quality and Health and Safety committee who are representative of all areas of service. One health and safety representative (the head cleaner) was interviewed about the health and safety programme. She has completed the initial health and safety representative training. The health and safety committee meet monthly, and staff have the opportunity to add concerns/suggestions to the agenda. Meeting minutes are posted for reading. Risk management, hazard control and emergency policies and procedures are in place. Hazards are reported and managed. Environmental audits are completed regularly. All staff complete health and safety induction on employment. There is a current hazard register available in the staff office.</p> <p>Falls prevention plans are in place including sensor mats, high low beds, and intentional rounding. Falls data for individual residents is analysed and individualised falls prevention plans put in place and monitored.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically</p>	<p>FA</p>	<p>There is an incident/accident reporting policy that includes definitions and outlines responsibilities including immediate action, reporting, monitoring, corrective action to minimise and debriefing. Individual incident/accident reports are completed for each incident/accident with immediate action noted and any follow-up action required. They are signed off by the facility manager or clinical manager when complete. A review of 15 accident/incident forms (10 unwitnessed falls, two physical aggression, one bruise, one skin tear and one laceration) for October 2021 identified that forms are fully completed, include follow up by a registered nurse and the next of kin had been notified.</p>

<p>recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>There have been seven Section 31 notifications since the last audit for two pressure injuries (both in May 2021), two absconding with police involvement (February 2020 and June 2021) two physical aggression (November 2019 and February 2020) and resident road accident. There have been two public health notifications for outbreaks (link 3.5) and two notifications, one for change of facility manager and one for change in clinical nurse manager. Training has been provided since the notifications, including Dementia, delirium and challenging behaviours June and November 2021 as well as wound and skin care July 2021.</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>Human resources policies include recruitment, selection, orientation and staff training and development. Five staff files reviewed (one clinical nurse manager, one RN, one healthcare assistant, one diversional therapist and one kitchen manager) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained. Performance appraisals are completed three months post-employment and annually thereafter.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. The Radius compulsory training planner has been implemented and includes in-service education and competency assessments relevant to the roles. Education sessions are held monthly following the staff meetings. There is an attendance register for each training session and an individual staff member record of training. In-service notes are available to staff who have been unable to attend the sessions. Topical toolbox talks are held such as MRSA and Parkinson's. The physiotherapist is involved in annual safe manual handling sessions. The use of external speakers has been limited due to Covid restrictions. Registered nurses have access to DHB study days as offered. Two of three RNs and the clinical nurse manager have completed interRAI training. There are implemented competencies for registered nurses including (but not limited to) medication competencies and insulin competencies.</p> <p>Thirteen healthcare assistants work in the dementia unit. Eight have completed the dementia standards. The other five healthcare assistants have commenced the standards, and all have been at the facility for less than 18 months.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably</p>	<p>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Residents and family members interviewed reported there are sufficient staff numbers. There is a full-time facility manager (RN) and clinical nurse manager who work from Monday to Friday and share the on-call requirement. The hospital/rest home beds are rostered as one unit and the dementia unit is rostered separately. Bureau HCAs are used occasionally when shifts are unable to be covered.</p> <p>The hospital/rest home unit has 27 residents, 13 rest home and 14 hospital residents. There is an RN on duty each shift. The RN on each shift is allocated 1.5 hours for residents in the dementia unit. In the rest home/hospital unit</p>

<p>qualified/skilled and/or experienced service providers.</p>		<p>there are three HCAs on duty on the morning (two long and one short) shift and three on duty on afternoon shift (two long and two short) and two on the night shift. The short shifts can be extended to meet increased resident acuity.</p> <p>The dementia unit has 20 residents, there are two HCAs on duty working full shifts on both morning and afternoon. There is one HCA on the night shift, supported as required by one of the HCAs from the hospital/rest home unit. An RN is allocated 1.5 hours per shift and readily available.</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>FA</p>	<p>The medication management policies and procedures comply with medication legislation and guidelines. Registered nurses and level 4 medication competent HCAs administer medications. They have completed annual medication competencies and medication education. Registered nurses complete syringe driver competency. All medications are stored safely within one main medication room in the facility. Medications are delivered in robotic packs and checked against the medication chart by the RN and signed on the packs. 'As required' medications are delivered in blister packs. A small impress stock is held including antibiotics. The supplying pharmacy are available seven days. All eye drops in use were dated on opening. There was one rest home resident self-medicating with a self-medication assessment and locked drawer for medications in the room. The medication fridge temperature is checked daily, and records demonstrated these have been within acceptable limits. The medication room air temperature is maintained below 25 degrees Celsius with an air conditioning unit set at 19 degrees Celsius.</p> <p>Ten paper-based medication charts were reviewed (four hospital, four rest home and two dementia care). All medication charts identified an allergy status and had photo identification. 'As required' medications had indications for use prescribed. The GP had reviewed medication charts at least three-monthly.</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>All food and baking are prepared and cooked on site. The kitchen manager/qualified cook works 8 am to 4.30 pm Monday to Friday and is supported by a weekend cook. They are supported by morning and afternoon kitchen assistants across seven days. All food services staff have completed food safety training. The four-week rotating spring/summer menu has been reviewed by a dietitian; September 2021. The menu is displayed and offers a menu choice for the main midday meal and evening meal. The kitchen manager receives resident dietary requirements and is notified if there are any residents with weight loss. Nutritious snacks and fluids are delivered to the dementia care unit daily and available 24 hours. Pureed, soft and vegetarian meals are included in the menu plan. Pure foods are used for added nutritional value. Currently there are no other special dietary requirements. Resident dislikes are known and accommodated.</p> <p>The kitchen is adjacent to the main dining room and served from the kitchen. Meals are plated and delivered in hot boxes to the upstairs dining room and dementia unit dining room. There is special equipment available for residents if required.</p> <p>The food control plan has been verified and expires January 2022. The temperatures of refrigerators, freezers,</p>

		<p>chiller, cooked foods, cooling, and chilled inward goods are monitored daily and recorded on a specific food services software programme. The kitchen assistants complete cleaning schedules. All food is stored appropriately, and date labelled. The chemical provider completes a service check on the dishwasher monthly.</p> <p>Food services and meals are discussed at resident meetings. A food survey completed in 2021 demonstrated an overall improvement in meals with more choice available on the menu at both main meals of the day. A dessert is also offered at the evening meal. Residents and the family members interviewed all stated there had been an improvement in meals and they were happy with the quality and variety of food served.</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>Registered nurses and HCAs follow the detailed and regularly updated care plans and report progress against the care requirements each shift. If a resident's health status changes the RN initiates a GP or nurse specialist review. Relatives interviewed stated they are contacted for any changes in the resident's health including accidents/incidents, infections, GP or other allied health professional visits and medication changes. Family discussion is documented in the electronic progress notes.</p> <p>Staff have access to sufficient medical supplies including dressings. Eleven wounds were reviewed (three pressure injuries, six skin tears and two skin conditions). Wound assessments including body map and photos were in place. Evaluations were completed at the required frequency and include dressing types. There was one dementia care resident with two stage 2 community acquired pressure injuries and one stage 2 facility acquired pressure injury on the day of audit. There is access to the DHB wound nurse specialist if required.</p> <p>Electronic monitoring forms are completed as directed through the electronic worklogs and include turning charts, pain monitoring, food and fluid charts, output charts, blood pressure, weight charts, weekly weight, behaviour charts, blood sugar levels, neurological observations, and hourly resident whereabouts checks.</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>	FA	<p>The service employs two activity coordinators who are progressing through their diversional therapy qualifications. The rest home/hospital activity coordinator (a qualified occupational therapist) was employed March 2021 and works Monday to Thursday 11 am-4.30 pm. An activity coordinator (level 4 HCA) has been employed for the dementia care unit Tuesday to Friday 9 am-3 pm. There are two days a week where both activity coordinators are on duty. The programme is planned a month in advance and weekly activities are displayed and delivered to resident rooms. There are set activities for dementia care residents with the flexibility to change activities and include impromptu activities. The HCAs also incorporate activities into their role. There are adequate activity resources for healthcare assistants.</p> <p>The activity coordinator visits rest home/hospital resident rooms daily and spends one-on-one time with residents who choose not to participate in group activities. There are several locations where group activities occur including lounges, dining rooms and a large activity room. The rest home and hospital programme are integrated and</p>

		<p>includes music and sing-a-longs, board games, newspaper reading, baking, arts, walks, gardening, hand massage, poetry, reminiscing, armchair travel, and happy hours. Some integrated activities such as church services, entertainers and canine friends can be attended by dementia care residents under supervision. Festive activities and celebrations are held. There have been restrictions due to Covid around community outings and visitors to the home. Scenic drives for all residents have re-commenced. Both activity coordinators have current first aid certificates.</p> <p>A sensory quiet room and outdoor raised gardens are in the process of being developed in the dementia unit. A pet rabbit visits residents inside the unit. The activity programme for dementia care residents is flexible and focused on meaningful activities, small group activities, one-on-one time, and reminiscing. One-on-one time is spent with residents who choose not to or are unable to participate in group activities.</p> <p>All resident files reviewed on the electronic system have an individual life history and leisure and pastoral care plan that is evaluated at least six-monthly in consultation with the multidisciplinary team. There are two-monthly resident meetings that are open to families to attend. Residents and families interviewed commented positively on the activity programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial interim care plans are evaluated by the RNs in consultation with the resident/family within three weeks of admission. Electronic evaluations (multidisciplinary – MDT case conference) are completed at least six-monthly with input from the resident/relative, GP and care staff. Evaluations against the resident goals identify if the goals have been met or unmet and the care plan updated to reflect the resident's current needs and supports. In the electronic files reviewed the long-term care plan had been evaluated six-monthly for long-term residents who had been at the service six months. There is at least a three-monthly review by the GP.</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>	<p>FA</p>	<p>The building has a current building warrant of fitness that expires 1 September 2022. There is a full-time maintenance person who addresses the repairs and maintenance requests submitted on the electronic management system. The maintenance person has a current first aid certificate and completed the initial health and safety course. There is a monthly planned maintenance schedule for the internal and external building. Resident and clinical equipment is included in the maintenance schedule. Essential contractors are available 24-hours. Hot water temperatures in resident areas are monitored monthly. Electrical equipment has been tested. Resident rooms are refurbished as they become vacant. Environmental refurbishments have commenced.</p> <p>The facility has sufficient space for residents to mobilise using mobility aids. There is sufficient space in communal areas for residents to sit safely in lounge chairs. External areas include grounds with seating and shade that are well maintained and easily accessible.</p> <p>Staff stated they had sufficient equipment to deliver the cares as outlined in the resident care plans.</p>

		The dementia care unit is spacious and has safe access to the outdoor gardens and courtyard from the communal lounge. There is seating and shade available.
<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 coordinator (clinical nurse manager) collates and analyses monthly infections and reports monthly comparisons and any trends identified to the infection control committee meetings. Meeting minutes and graphs are displayed for staff reading. Infection control is an agenda item on all facility meetings. Infection control data is submitted to Radius head office for benchmarking.</p> <p>There is a Radius Covid outbreak management table-top plan in place. The service is supported by the Radius infection control manager at head office and the infection control team at the DHB. There has been additional infection control in-service including handwashing competencies and use of personal protective equipment. There is an electronic screening tool (including taking of temperature) at the entrance to the facility. There is sufficient personal protective equipment available to staff.</p> <p>There has been one gastroenteritis outbreak in July 2020 and one RSV outbreak in July 2021. Case logs and the notification to the DHB health protection officer were sighted for both outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint practices are only used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. Restraint minimisation policies, procedures and relevant documents are available. There were no residents on restraint or with an enabler on the day of audit. The facility has been restraint free for three years, eight months. Staff complete annual restraint competencies and education on restraint minimisation and managing challenging behaviours.</p>

## Specific results for criterion where corrective actions are required

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

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

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

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

No data to display
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End of the report.