

Radius Residential Care Limited - Radius Elloughton Gardens

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard 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 Elloughton Gardens

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

Dates of audit: Start date: 23 November 2022 End date: 24 November 2022

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: 78

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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. 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 subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service are 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 subsections applicable to this service are unattained and of moderate or high risk

General overview of the audit

Radius Elloughton Gardens provides hospital (geriatric and medical), and rest home services for up to 86 residents. There were 78 residents on the days of audit. Radius Elloughton Gardens is one of 23 facilities operated by Radius Residential Care.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand – South Canterbury. 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 a general practitioner.

The facility manager is a registered nurse and is experienced in management roles. She is supported by a clinical manager, clinical team leader, regional manager, and an administration manager.

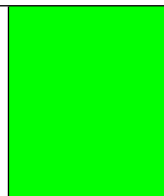
Residents and relatives interviewed were complimentary of the service and care.

The previous certification shortfall related to care plan interventions remains ongoing.

This surveillance audit identified no other shortfalls.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



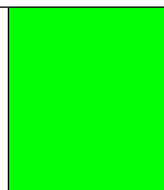
Subsections applicable to this service are fully attained.

Radius Elloughton Gardens provides an environment that supports resident rights and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Pacific health plan is in place.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service are fully attained.

Radius Elloughton Gardens is the organisation's governing body responsible for the service provided at this facility. The business plan includes a mission statement and outlines current objectives. The business plan is supported by quality and risk management processes that take a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the national quality manager, who in turn, reports to the governing body and managing director/executive chairman. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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The service promotes equity of access to their facility through a well-documented entry and decline process. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals. Care planning involves family/whānau input. The electronic care plans demonstrate service integration.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The activities team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and opportunities are created to participate in te ao Maori.

An external contractor provides food services. Cultural considerations are incorporated in menu planning.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

The building holds a current building warrant of fitness certificate. There is an annual preventative maintenance plan that includes checking of hot water temperatures, calibration and service of medical equipment, and testing and tagging of electrical equipment.

An approved fire evacuation scheme is in place. Fire drills occur six-monthly. The facility is secure at night.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service are fully attained.

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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There is documented governance commitment to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are complete.

Summary of attainment

The following table summarises the number of subsections 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)
Subsection	0	22	0	0	0	0	0
Criteria	0	57	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The facility manager stated the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Radius Elloughton Gardens. At the time of the audit, there were staff members who identify as Māori. Ethnicity data is gathered when staff are employed, and this data is analysed at a governance level.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Radius Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. Radius Elloughton partners with their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>There are residents that identify as Pasifika residing in the facility. The care plan of a resident who identified as Pasifika was reviewed and evidenced cultural considerations in all applicable areas.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The service recognises Māori mana motuhake, and this is reflected in the current Māori health care plan.</p> <p>Interviews with fourteen staff (six healthcare assistants, three registered nurses, two activities coordinators, one maintenance, one kitchen manager and a physiotherapist), three managers (facility manager, clinical nurse manager [CNM] and the roving relief manager), and documentation reviewed identified that the staff work with residents and family/whānau to promote independence and enable residents to make their own decisions.</p> <p>Five residents (four rest home and one hospital) interviewed, and four family/whānau (three dementia and one hospital), confirmed that individual cultural beliefs are respected, and residents are supported to be as independent as able.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Training on Te Tiriti o Waitangi is provided to all staff in 2022. A report was sighted confirming staff attendance. Residents interviewed confirmed they are being treated with dignity and respect with staff adhering to their cultural values and beliefs.</p> <p>Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, tikanga, and a selection of words in te reo Māori. Māori cultural days are celebrated (eg, Matariki). Signage in te reo Māori is promoted by activities staff during cultural celebrations. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. Residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Cultural days are held to celebrate diversity. An employee handbook and staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing an acknowledgement. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Cultural diversity is acknowledged with staff greeting in their own language at shift commencement, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. The Radius organisation provide a strengths-based and holistic model of care. The service ensures wellbeing outcomes for all residents (including those who identify as Māori) are prioritised, as evidenced in the resident centred care plans. Radius has recently established a national cultural safety committee which ensures wellbeing outcomes for Māori are prioritised by using a strengths-based and holistic model of care.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>The service has a policy on culturally safe care which includes Māori cultural principles. The registered nurse, clinical nurse manager and facility manager have a good understanding of tikanga guidelines in relation to consent.</p>
<p>Subsection 1.8: I have the right to complain</p>	<p>FA</p>	<p>Access to complaint forms is located at the entrance to the facility or on request from staff. A secure complaints box is located adjacent to</p>

<p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>reception. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. Two complaints were lodged in 2021 since the last audit and seven have been lodged for 2022 (year-to-date). Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Two complaints in 2022 were received from the Health and Disability Commissioner. The service has responded within required timeframes and is awaiting further communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Elloughton Gardens is part of the Radius Residential Care group. The service provides rest home and hospital (geriatric and medical) level care for up to 86 residents. On the day of the audit there were 78 residents. Nineteen residents were at rest home level care (including one resident on a younger person's disability contract [YPD], one on a life links contract, five on a mental health contract and one on an individual funding contract). There were 59 at hospital level care (including one resident receiving end of life care). All rooms are dual-purpose beds and divided across four wings.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Radius Elloughton Gardens is holistic in nature, inclusive of cultural identity, spirituality and respects the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activities team support residents to maintain links with the community. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve</p>

		<p>equity for Māori.</p> <p>The national cultural safety committee has been established to identify and address issues to ensure a safe living and working environment is developed and maintained for all. The organisation has employed a Māori advisor who has been working in partnership with Māori to ensure policies and procedures represents Te Tiriti partnership and equality. The Māori advisor consults with and reports on any barriers to the senior executive members and Board to ensure these can be addressed.</p> <p>The facility manager (clinical) has been in the role for two and a half years and has management experience in aged care. She is supported by a regional manager, national quality manager and a clinical nurse manager. The clinical nurse manager has been in the role for seven years.</p> <p>The facility manager and clinical nurse manager have maintained at least eight hours of professional development activities related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Elloughton Gardens is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings including combined quality, health and safety committee, infection control, and clinical meetings and staff document comprehensive review and discussion around all areas of the service.</p> <p>The 2022 resident satisfaction survey was conducted by an external agency in October and November. Results of the survey will be collated and analysed, and a comprehensive report will be provided by an external agency. The 2021 survey was reviewed and evidenced high levels of satisfaction with the service provided. The 2021 results were communicated to residents in resident meetings (meeting minutes sighted).</p> <p>Data is collected for a comprehensive range of adverse event data. The national quality manager benchmarks data against other Radius</p>

	<p>facilities and industry standards. Data is analysed internally to identify areas for improvement, which are posted on a quality noticeboard. Corrective actions are documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Corrective actions are in place for the reduction of pressure injuries and falls and improving the orientation process.</p> <p>Quality management systems are linked to: internal audits; incident and accident reporting; health and safety reporting; infection control data collection; and complaints management. An internal audit programme is being implemented.</p> <p>Interviews with the facility manager confirmed health and safety training begins during induction to the service. A health and safety team meets quarterly; health and safety is a regular topic in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, reported to the regional manager, and a consolidated report and analysis of all facilities are then provided to the governance body monthly. There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There have been no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Family/whānau are notified following incidents. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. The electronic system escalates alerts to Radius senior team members depending on the risk level.</p> <p>Discussions with the facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been eight Section 31 notifications completed to notify HealthCERT in 2021/2022 year to date. Notifications related to unstageable pressure injuries and RN</p>
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		<p>shortages. There have been two infectious outbreaks since the previous audit. Public Health authorities were notified of the outbreaks.</p> <p>The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity through critical analysis of data and organisational practices. Staff have completed a cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The facility manager interviewed confirmed staff needs and weekly hours are included in the weekly report sent to the regional manager. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the Ministry of Health safe staffing hours. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff. The registered nurses and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. The clinical manager stated HCA turnover had increased on previous years. Registered nurse recruitment has been difficult over the last 12 months. The established RN roster allows for the employment of three RNs on all morning and afternoon shifts; however, this has not been possible for several months. While the current roster does not provide the intended number of registered nurses, the service has continued to operate safely and within Ministry of Health guidelines and the ARRC contract with Te Whatu Ora- South Canterbury as there is a minimum of one RN on each shift. Registered nurses are supported by a recent initiative with the introduction of virtual RN system. Registered nurse support is available 24/7 by phone, video call, text, and email. The virtual nurse on call makes contact with the RN on duty at the beginning of each shift and receives a handover from the RN. Where there are concerns, the virtual nurse continues</p>

	<p>to make contact throughout the shift.</p> <p>There is no access to agency staff in Timaru and Elloughton Gardens staff have found cover more difficult to replace than previously. Management have been advertising extensively with minimal response from applicants in NZ. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and family and staff meeting minutes. Staff interviewed stated that staffing levels were adequate and that the registered nurses and managers provide good support. Interviews with residents and families/whānau confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to in a timely manner.</p> <p>The facility manager and the clinical nurse manager works Monday to Friday 8.30 am- 5 pm. There are two RNs rostered across the facility on most morning and afternoon shifts. On occasions where there are insufficient RNs to provide the normal cover; the roster changes to have one RN on each shift with a second RN commencing work at 10 am and working until 6:30 pm. Each RN is responsible for two wings. The facility is split into four wings: the Elizabeth; William Grant; Mountain View; and Elloughton Grange wings. Staff rostered in the Elloughton Grange wing are available to assist and provide RN oversight to residents in the Mountain View wing. On night shift, all units are staffed as one, with one RN and three HCAs working together.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete cultural safety and Te Tiriti o Waitangi training, which encompasses Te Whare Tapa Whā Māori model of care annually on the anniversary of their start date. Toolbox talks are held when required at handovers. External and online training opportunities for care staff include training through Te Whatu Ora- South Canterbury, and the South Canterbury hospice.</p> <p>Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of the Treaty of Waitangi and cultural practices relating to Māori. Facility meetings</p>
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		<p>provide a forum for the sharing of all health information (including Māori) collated in the quality data which is discussed at staff meetings.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-eight healthcare assistants are employed. Twenty-seven healthcare assistants have achieved a level three NZQA qualification or higher.</p> <p>The competency assessment policy is being implemented, including new competency-based programmes which are being implemented to support the registered nurses by upskilling senior HCAs with skills in basic wound cares and observations. All staff are required to complete competency assessments as part of their orientation. Competency assessments include (but are not limited to) restraint, moving and handling and back care, hand hygiene, and donning and doffing of personal protective clothing. A number of level three and level four HCAs completed medication administration competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Additional RN specific competencies include (but are not limited to) subcutaneous fluids, syringe driver, and interRAI assessment competency. Two RNs are interRAI trained. The service is reporting ethnicity as part of quality indicators to encourage sharing of high-quality Māori health information. A registered nurse leadership programme has been recently introduced with the completion of online modules and zoom discussion on leadership and management, in order to strengthen and support the RN workforce. All RNs are encouraged to attend in-service training and complete critical thinking, Covid-19 preparedness, wound management, pain management, medication and training related to specific conditions.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health</p>	<p>FA</p>	<p>Nine staff files reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks.</p> <p>Professional qualifications are validated by the HR department during the recruitment process. A copy of confirmed qualifications and</p>

<p>workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>annual practising certificates is held on file.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Management has an appointment with new HCAs at three months to confirm understanding and completion of the programme. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Volunteers are utilised on occasions. An orientation programme and policy for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential in an electronic database. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The collection of the resident demographics at the time of admission include, but is not limited to: ethnicity; cultural background; nationality; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Interviews with residents and families and review of records confirmed the admission process was completed in a timely manner.</p> <p>The enquiry and waiting list on the electronic system do not have a</p>

		<p>data field to collect ethnicity at the time of enquiry. The facility manager stated the electronic system has the capability and ethnicities will be collected to capture decline analysis in the future. The facility has links with Te Arowhenua whānau services in Temuka and a health navigator visited the service to assist a resident with smoking cessation advice.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Six resident files reviewed (three hospital level, including one on a palliative support contract, and three at rest home level of care, including one on a mental health contract and one young person with physical disability [YPD]). Initial care plans are developed with the residents/EPOA consent within the required timeframe.</p> <p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments, interRAI assessment and completed within three weeks of the residents' admission to the facility for all long-term residents. Review of residents' records evidence that the residents under the YPD contract participate in care planning. Their plan includes activities and interventions to ensure that their physical, mental health, cultural and wellbeing needs are met. There were residents who identify as Māori and they had a specific Māori health care plan documented. Registered nurses had knowledge of the four cornerstones of Māori health model plan Te Whare Tapa Whā.</p> <p>End of life care is provided using the Palliative Performance Scale (PPS). Registered nurses interviewed are able to describe removing barriers, so all residents have access to information and services required to promote independence. Registered nurses work alongside residents and relatives when developing care plans so residents can develop their own pae ora outcomes. Not all care plans reviewed include detailed interventions to meet all the care needs of the residents, or is amended when there is a change in health condition. The previous shortfall around care plan interventions (NZS 8134:2008 criteria #1.3.5.2) remains. Short-term care plans (STCP) are developed for acute problems (eg, infections, wounds, and weight</p>

	<p>loss). Care plans are evaluated six-monthly and documents the progress towards the resident's individual goals.</p> <p>Residents had been reviewed by the GP within required timeframes and when their health status changes. The GP visits the facility weekly and as required. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the GP. A physiotherapist (interviewed) visits the facility twice a week for a total of eight hours per week. Other health professionals involved in residents' care include dietitian, stoma nurse, occupational therapist for seating assessments, mental health community team, hospice nurse and diabetic nurse.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated they are notified of all changes to health, as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required requests a GP visit. The resident satisfaction survey completed in July 2022 shows overall satisfaction with service delivery.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There were fourteen residents with sixteen wounds. There were five residents with pressure injuries on the day of the audit (two stage I and three stage II). One stage II pressure injury was not facility acquired. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. The electronic wound care plan documents assessments, wound management plan and evaluations are documented with supporting photographs and wound assessments. The review of the wound care plans evidenced that wound assessment was documented as stated in the care plan. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to): weights; neurological observations; vital signs; and fluid balance recordings and charts were implemented according to the care plan interventions.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activity programme has integrated activities that is appropriate for the cohort of residents. The planner includes te reo Māori sessions. An outing is organised weekly and regular van outings into the community are arranged, as much as Covid-19 restrictions allow.</p> <p>The activities team ensure that te reo Māori and tikanga Māori are actively promoted and included in the activities programme. The service has Māori residents and staff ensure opportunities are facilitated for Māori residents to participate in te ao Māori for all</p>

		<p>residents. There is a group of singers that visit regularly and sings Māori songs. Te reo is celebrated through Māori language week but also incorporated as word games within the activity's planner.</p> <p>The residents and their families reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held and include discussion around activities.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in medication rooms and locked medication trolleys. The internal audit schedule includes medication management six-monthly. Education around safe medication administration has been provided.</p> <p>The RNs and enrolled nurse are responsible for medication administration. A safe system for medicine management using medimap was observed on the day of audit. Twelve medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented in progress notes. One registered nurse was observed administering medications correctly on the day of audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. There were three residents self-administering medications on the days of audit, all had assessments completed and reviewed as per policy. There were medication care plans, including assessments documented and reviewed three-monthly (link 3.2.4). There is a process for staff to sign when medication is taken. All medications are kept on the medication trolley and provided to the resident at the time they need this.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications</p>

		<p>sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. Registered nurses advised that the GP prescribes over-the-counter medications. Standing orders are not in use. All over the counter vitamins, supplements or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. The registered nurses and management described working with Arowhenua whānau services in Temuka that assist Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes. A recent example provided included a health navigator that visited the service to assist a resident with smoking cessation advice. Rongoa practitioners are accessible through this service.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen manager interviewed explained how they currently cater for residents’ cultural needs and how this is incorporated in the menu and also includes likes and dislikes. The kitchen is involved and participates in cultural celebrations for which they cater for.</p> <p>There is an understanding of tapu and noa. The service ensures all staff adhere to tapu and noa, consistent with a logical Māori view of hygiene and aligns with good health and safety practices. Residents can request a special meal in relation to their culture.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p>	<p>FA</p>	<p>There is a Radius resident transfer/discharge policy to ensure a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. A copy of the advance directives, advance care plan, next of kin</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>contact, a completed transfer report, and medication chart are included in the transfer documentation.</p> <p>Interviews with the clinical nurse manager and RNs and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated through a comprehensive handover to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness expires on 1 May 2023. The maintenance person works full time (Monday to Friday). There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available 24/7 as required. Testing and tagging of electrical equipment was in process on the day of the audit. Checking and calibration of medical equipment, hoists and scales was completed in February 2022.</p> <p>The service currently has no plans for building or major refurbishments; however, the management team interviewed were aware of their obligation to seek input from Māori to ensure their aspirations are reflected in the design. This would be coordinated by Radius head office.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 27 September 2016. A recent fire evacuation drill has been completed on 29 September 2022 and this is repeated every six months. The facility uses a contracted evacuation specialist to conduct these fire drills.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors are alarmed. Staff are easy identifiable through their uniforms and wearing of name badges. Visitors and contractors are monitored and controlled through electronic sign in and a Covid-19 screening process for symptoms and body</p>

		temperature is measured at entry.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Infection prevention and control resources, including personal protective equipment (PPE), were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Radius has a pandemic response plan in place which is reviewed and tested at regular intervals.</p> <p>Educational resources in te reo Māori can be accessed online if needed. The infection prevention and control coordinator consult with the national cultural safety committee to ensure culturally safe practice, and to provide educational resources, acknowledging the spirit of Te Tiriti. All staff are required to complete infection control education and are trained in cultural safety. Staff who identify as Māori provide guidance around culturally safe practices in relation to infection control. Staff interviewed demonstrated a good awareness of culturally safe practices in relation to their role.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance is an integral part of the infection control programme. The clinical manager is the infection control coordinator and has been in this role for six years.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions, are discussed at the infection control meetings, quality, and staff meetings. Meeting minutes are available to staff. The service is incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been two outbreaks since the previous audit. In June 2022, a Covid-19 outbreak was managed effectively with support and advice from the Ministry of Health and Public Health. A gastroenteritis</p>

		<p>outbreak occurred in July 2022. All outbreaks were well documented. Communication was maintained with families.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Ministry of Health information and Covid-19 information is available to all visitors to the facility. Visitors to the facility are scanned for temperature monitoring and record keeping of all incoming and outgoing visits is maintained.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy confirms that the organisation is working to actively minimise the use of restraint. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident, while using the least restrictive practice.</p> <p>There were no residents using restraints at the time of the audit. The designated restraint coordinator is the clinical nurse manager. An interview with the facility manager and the clinical nurse manager described the organisation's commitment to restraint minimisation and implementation across the organisation. The commitment is also documented as part of the philosophy in the policies that document all restraint processes and requirements. The use of restraint (should this be required) would be monitored in the monthly quality, clinical and staff meetings. Restraint usage would also be included in the reporting structure to the regional quality manager, that reports to the CEO and Board. The management team interviewed confirmed restraint data would be analysed the same as other quality data collated and benchmarked, with a corrective action plan documented (where required).</p>

Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our 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 subsections, individual criterion within a subsection 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 subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our 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.