

# Radius Residential Care Limited - Radius St Helena's 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 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 St Helena's Care Centre

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

**Dates of audit:** Start date: 13 December 2022 End date: 14 December 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:** 44

# 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 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 St Helena's provides hospital (geriatric and medical) and rest home services for up to 53 residents. There were 44 residents on the days of audit. Radius St Helena's 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 - Waitaha 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 has been in the role for 14 months. She is supported by a clinical manager, regional manager, and an experienced administration manager.

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

The service has addressed the two previous certification audit findings relating to contractor induction and restraint.

This surveillance audit identified the service is meeting the intent of the standard.

## 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 St Helena's 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. The Board and senior management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

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.

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 registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. 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.

Food services are provided by an external contractor. Residents' food preferences, dietary and cultural requirements are identified at admission.

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. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated.

An approved fire evacuation plan is in place. 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.

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. Information is available in te reo.

## 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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Radius St Helena's strives to maintain a restraint-free environment. At the time of the audit, there was one resident using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

### 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

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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>On interview, the quality manager and facility manager stated the organisation supports increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Radius St Helena’s. Healthcare assistants on interview confirmed management were supportive of Māori staff and providing employment opportunities. At the time of the audit, there were staff members who identify as Māori at St Helena’s.</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. The service has linkages to Pacific groups through staff who work at St Helena’s.</p> <p>There are residents that identify as Pasifika residing in the facility. Care planning is inclusive of identified cultural needs.</p>



<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</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 Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service recognises Māori mana motuhake, and this is reflected in the current Māori health care plan.</p> <p>Interviews with nine staff (four healthcare assistants, two registered nurses, one activities coordinator, one maintenance officer, one kitchen assistant), three managers (national quality manager [NQM], clinical nurse manager [CNM] and facility manager [FM]), interviewed identified that they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents were respectful. Care plans reflected residents were encouraged to make choices and be as independent as possible.</p> <p>Five residents (three rest home and two hospital) interviewed, and two family/whānau (two rest home), confirmed that independence is encouraged.</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>The Radius St Helena's annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in October 2021.</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.</p> <p>It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2022 confirmed that residents and families are treated with respect. Residents interviewed confirmed</p>

		they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff are encouraged to address the issue of any abuse. 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, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. Radius has established a national cultural safety committee which ensures wellbeing outcomes for Māori are prioritised. 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.</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.</p> <p>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.</p> <p>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>	FA	<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. The RNs interviewed demonstrated a good knowledge of tikanga guidelines in relation to consent.</p>

<p>Subsection 1.8: I have the right to complain</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>FA</p>	<p>The complaint forms are available at the entrance to the facility or on request from staff. The secure complaints box is located adjacent to reception. Residents and relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. 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. Three complaints were lodged in 2021 and two 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 confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly. One complaint from March 2021 was escalated to the Health and Disability commission. The service responded as requested within stated timeframes. There were no findings against the service. Recommendations in relation to the complaint have been implemented.</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 St Helena's has a total of 53 beds and is certified for rest home and hospital (including medical) level of care. All beds are certified as dual-purpose.</p> <p>At the time of the audit there were 44 residents; 25 rest home level care residents, which included one resident on a respite contract, and one resident on a long-term support chronic health care (LTS-CHC) contract. There were 19 residents at hospital level of care, including one on an LTS-CHC contract. All other residents are under the age-related residential care (ARRC) contract.</p> <p>The Governance Board consists of the Radius Managing Director/Executive Chairman and four professional directors, each with their own expertise. 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</p>

		<p>collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</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 St Helena's are holistic in nature, inclusive of cultural identity, spirituality and respect 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.</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. Cultural compliance includes tracking of ethnicity data for residents via established electronic systems. The cultural committee represents the workforce from all levels (HCA, activities, RN, and FM's) and they are reviewing the Māori health plan and the new Ola Manuia Pasifika health plan. The Governance Board is in the process of appointing a Māori representative to review and support initiatives.</p> <p>The facility manager has 14 months in her current management role and six years previous clinical management in aged care. She is supported by a regional manager who is also the national quality manager (present during the audit) and a clinical nurse manager. The clinical nurse manager has been in the role for five months. 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>FA</p>	<p>St Helena's 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 meeting minutes include evidence a comprehensive review and discussion around all areas of the service including (but not limited to): clinical, staff, health and safety and infection control. Monthly clinical meetings and staff</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>meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. The national quality manager benchmarks data against other Radius facilities and industry standards are analysed internally to identify areas for improvement. Staff complete cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori. 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 practises.</p> <p>The 2022 resident satisfaction survey has been recently completed and indicates that residents have reported high levels of satisfaction with the service provided. Results of the survey have been collated and analysed, and a comprehensive report provided by an external agency. Survey results were received by the organisation on the day of audit and have not yet been reviewed by St Helena's management. The 2021 results have been communicated to residents in resident meetings (meeting minutes sighted).</p> <p>Interviews with the facility manager, maintenance officer and HCA's confirmed health and safety training begins during staff induction to the service. 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. External contractors complete an orientation and sign a health and safety agreement prior to undertaking work at the facility. The previous finding around contractors completing a health and safety agreement and orientation (NZS 8134:2008 Criteria #1.2.3.9) has been addressed.</p> <p>Electronic reports are completed for each incident/accident, and a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. The eCase system escalates alerts to Radius senior team members</p>
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		<p>depending on the risk level.</p> <p>Discussions with the national quality manager, facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been ten Section 31 notifications completed to notify HealthCERT in 2021/2022 year to date relating to deep tissue pressure injuries, absconding events, one coroner's case, Covid outbreaks and RN staffing shortages. Public Health authorities were notified of two Covid outbreaks in 2022.</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.</p> <p>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.</p> <p>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 quality manager/regional manager interviewed confirmed staff needs and weekly hours are included in the weekly report received from the facility manager. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the contractual requirements with Te Whatu Ora – Waitaha Canterbury. 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 facility manager stated HCA turnover had been similar to previous years. Registered nurse recruitment has been difficult over the last 12 months. St Helenas have utilised agency staff to cover RN shifts and Radius have recently introduced an organisational virtual RN service where staff can ring to access clinical support after hours and in the weekends. The service has employed enrolled nurses to assist with nursing cover and provided additional education to upskill. There is access to an agency, and St Helenas staff have covered shifts when required. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. Interviews with residents and families confirmed staffing overall was satisfactory and residents confirmed their care</p>

	<p>requirements are attended to in a timely manner.</p> <p>The facility manager and the clinical manager works Monday to Friday 8.30 am- 5 pm. In addition, an enrolled nurse (EN) is rostered Monday to Thursday from 9 am to 5 pm. Staff are rostered as one group to care for the current 25 rest home and 19 hospital residents. At least one RN is rostered across morning, afternoon and nightshifts.</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 last attended cultural awareness training in November 2021. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through Te Whatu Ora - Waitaha Canterbury, and the 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 practises relating to Māori. The service shares health information (including Māori) collated with the quality data at facility meetings.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-five healthcare assistants are employed. Nineteen healthcare assistants have achieved a level three NZQA qualification or higher. Two staff have achieved level two and six are currently on level one and working towards level two.</p> <p>A competency assessment policy is being implemented, including new competency-based programmes which are being implemented to support the registered nurses by upskilling senior HCAs to complete 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 on and off of personal protective clothing. A selection of HCAs completed medication administration competencies. A record of completion is maintained on an electronic human resources system.</p>
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		<p>Additional RN specific competencies include (but are not limited to) subcutaneous fluids, syringe driver, and interRAI assessment competency. Eleven of twelve RNs are interRAI trained. Cultural orientation and training is provided.</p> <p>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 workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>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>FA</p>	<p>There are comprehensive human resource policies including recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Five staff files reviewed included: a signed employment contract; job description; police check; induction documentation relevant to the role the staff member is in; application form; and reference checks. Job descriptions of roles cover responsibilities and additional functions, such as holding a restraint portfolio or infection prevention portfolio.</p> <p>A register of RN and enrolled nurse (EN) practising certificates are maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</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. The service demonstrates that the orientation programme supports 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</p>



		<p>required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. If agency staff are used, the orientation included health and safety and emergency procedures (clinical and non-clinical). Volunteers are utilised when the Covid-19 protection framework permits. 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><b>Subsection 3.1: Entry and declining entry</b></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 admission policy requires the collection of information that includes, but is not limited to: ethnicity; 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>Ethnicity, including Māori, is being collected and analysed by the service. The service is currently working towards developing meaningful partnerships with Māori communities and organisations at a facility level to benefit Māori individuals and whānau.</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></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</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files reviewed, (two hospital level, including one long term support-chronic health care (LTS-CHC) and three rest home level of care, including one on a respite contract). Initial care plans are developed with the residents/EPOA consent within the required timeframe. The individualised electronic long-term care plans (LTCPs) are developed</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>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 (including the resident on LTS-CHC). The care plan includes activities and interventions to ensure that resident's physical, mental health, cultural and wellbeing needs are met. There are currently residents who identify as Māori. On interview the registered nurse and HCAs had knowledge of the four cornerstones of Māori health model plan 'Te Whare Tapa Whā'. Care plans include the physical, spiritual, whānau, and mental health of the residents. End of life care is provided based on Te Ara Whakapiri. Staff were also able to describe removing barriers so all residents have access to information and services required to promote independence. The service works alongside residents and relatives when developing care plans so residents can develop their own pae ora outcomes. Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss.</p> <p>The respite admission has initial assessments and an initial care plan documented.</p> <p>Residents have reviews by the GP within required timeframes and when their health status changes. The GP visits the facility weekly and as required during working hours or at any time for end-of-life care. 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 has access to a 24-hour after-hours service. A physiotherapist visits the facility weekly and reviews residents referred by the clinical nurse manager or RNs.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and 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 October 2022 shows a 92% satisfaction rate related to health care services.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound</p>
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		<p>management policies and procedures are in place. The electronic wound care plan documents assessments, wound management plan and evaluations at appropriate intervals. Photos were taken where this was required. There were thirteen residents with wounds on the day of the audit, including two stage II pressure injuries. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>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, vital signs, turning schedules and fluid balance recordings, and charts were implemented according to the care plan interventions. Incident reports reviewed reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were undertaken for all unwitnessed falls and those where a head injury was suspected; however, observations were not consistently recorded as per policy. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager, in consultation with RNs and HCAs.</p> <p>Relatives are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes. The management and registered nurse reported they routinely invite whānau to the six-monthly review meetings along with the resident. If family cannot attend, then the RN contacts the family to discuss, and ensure their input into care planning. Communication with relatives was evidenced in the electronic system.</p> <p>Healthcare assistants interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system and entered by the caregivers and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</p>
Subsection 3.3: Individualised activities	FA	The activities team ensure that te reo Māori and tikanga Māori are

<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>actively promoted and included in the activities programme. The service currently has Māori residents; and staff ensure opportunities are facilitated for Māori residents to participate in te ao Māori. A Māori staff member interviewed confirmed she greets Māori and Pacific residents using te reo Māori or Pacific languages.</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. Bimonthly 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.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  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 locked cupboards and trolleys in the nurse's station. The internal audit schedule includes medication management six-monthly. Education around safe medication administration has been provided.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. Ten 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 and one medication competent caregiver were 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 no residents self-administering medications on the days of audit.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications 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 over-the-counter medications are prescribed by the GP. Standing orders are not in use</p>

		<p>at Radius St Helena's. All over the counter vitamins 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. Eye drops had prescription labels and evidenced date of opening. All medications no longer required are returned to pharmacy. There were no expired drugs on site on the day of the audit.</p> <p>The registered nurses and management described working in partnership with 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.</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>	FA	<p>The kitchen staff are contracted by an external catering company.</p> <p>The staff have an understanding of tapu and noa, consistent with a logical Māori view of hygiene and align 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 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>	FA	<p>There is a Radius resident transfer/discharge policy to ensure a smooth, safe, and well organised transfer or discharge of residents. The registered nurse 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 (where available), a completed transfer report, and medication chart are included in the transfer documentation.</p> <p>Interviews with the clinical manager and RNs and review of residents' files confirmed there is open communication between services, the</p>

		resident, and the family/whānau. Relevant information is documented and communicated to health providers.
<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>	FA	<p>The building has a current building warrant of fitness which expires on 1 July 2023. The maintenance person works full time (Monday to Friday). Maintenance requests are logged through the electronic system and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's 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 and checking and calibration of medical equipment, hoists and scales has been completed.</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.</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>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed 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. Currently, under Covid restrictions, visitors are controlled through a screening process for symptoms and body temperature is measured at entry.</p>
<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.</p>	FA	<p>There are specific policies on antimicrobial stewardship, surveillance, management of waste, cleaning and laundry, and pandemic planning.</p> <p>Infection prevention and control resources, including personal protective equipment (PPE), were available should a resident</p>

<p>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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>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 staff 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 interviewed provided examples of adhering to culturally safe practices around infection control in relation to their roles.</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.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>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>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme. 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 working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been two Covid outbreaks since the previous audit. Outbreaks occurred in April and June 2022. The outbreaks were managed effectively with support and advice from the Ministry of Health and Public Health. The Ministry of Health supplied additional personal protective clothing. Communication was maintained with residents and families throughout the outbreaks.</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 was one resident using lap belt restraint at the time of the audit. The designated restraint coordinator (clinical manager) was interviewed and confirmed the organisation's commitment to restraint minimisation and implementation across the organisation. The use of restraint is be monitored in the monthly quality, clinical and staff meetings. The type of restraint and risks associated with this restraint are clearly documented. The previous finding around restraint documentation (NZS 8134:2008 criteria # 2.2.2.1) has been addressed.</p> <p>Restraint usage is included in the reporting structure to the management, CEO, and the Board. The management team interviewed confirmed restraint data is analysed the same as other quality data collated, with a corrective action plan documented (where required).</p>



## Specific results for criterion where corrective actions are required

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

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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
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End of the report.