

Radius Residential Care Limited - Radius Windsor Court Rest Home

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 Windsor Court Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 2 March 2023 End date: 3 March 2023
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:	63

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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service 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 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 unattained and of moderate or high risk

General overview of the audit

Radius Windsor Court is part of the Radius Residential Care group. The service provides rest home, hospital (geriatric and medical) and dementia levels of care for up to 76 residents. On the day of the audit there was 63 residents.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Te Whatu Ora New Zealand - Waikato. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, management, and a general practitioner.

The service is managed by a facility manager (registered nurse) with previous experience in aged care management. The facility manager is supported by a regional manager, national quality manager and a clinical nurse manager. Residents and family/whānau interviewed spoke positively about the service provided.

The service continues with environmental upgrades and room refurbishments since the last audit.

The service partially addressed the shortfall related to interventions. Improvements continue to be required around completion of neurological observations.

This surveillance audit identified a shortfall related to dementia training.

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 fully attained.

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 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.

Some subsections applicable to this service partially attained and of low risk.

Radius Residential Care Ltd 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 chairperson.

Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service.

Residents receive cultural and clinical safe care. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. There is a documented education, training and competency schedule. There is a policy documented to address staff skill mix and staff ratios.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
---	--	--

Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated.


Activity plans are completed in consultation with family/whānau and residents noting their activities of interest. Twenty-four-hour dementia activity care plans are in place. On interview, residents and family/whānau expressed satisfaction with the activities programme provided.

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional and cultural requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

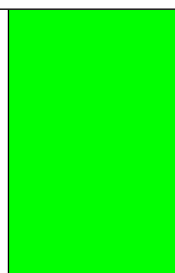
Residents are referred or transferred to other health services as required.

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 fully attained.
---	---	--

The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of an external disaster or fire.

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 fully attained.
--	--	--

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment, available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There was an infection outbreak of Covid-19 in March 2022 and January 2023, and these were well managed.

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 fully attained.

The business plan and restraint policy documents organisational 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 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	19	0	1	1	0	0
Criteria	0	59	0	1	1	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>On interview, the facility manager stated the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Radius Windsor Court. The facility links with a work placement organisation in Hamilton that assist the service to access Māori applicants and talent. At the time of the audit, there were staff members who identify as Māori at Radius Windsor Court. There is a Māori health plan that documents a commitment to a diverse workforce. 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</p>	Not Applicable	<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 Pasifika people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. The National Cultural Committee is working on establishing links with Pacific organisations to assist in the implementation of their Pacific health plan.</p>

<p>tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable 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 Māori residents interviewed said that all staff respected their rights. Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. There is a Māori health plan and cultural responsiveness for Māori residents' policy that provide guidance on how to support Māori mana motuhake. Staff have completed cultural training which includes Māori rights and health equity. Care plans reviewed reflect residents' goals and the promotion of residents' independence.</p> <p>Interviews with twelve staff (three healthcare assistants, one enrolled nurse [EN], two activities coordinator, one maintenance manager, one kitchen manager, one cook and one housekeeper, receptionist and office manager), four managers (facility manager [FM], clinical nurse manager [CNM]), previous CNM and regional manager) and review of care plans identified that the service's model of care is resident and family/whānau centred and all confirmed their understanding of Māori rights.</p> <p>Six residents (three rest home and three hospital) interviewed, and ten family/whānau (five hospital, four rest home and one from the dementia wing), confirmed that individual choices, independence, and cultural beliefs are respected.</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>FA</p>	<p>The Radius Windsor Court annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided twice in 2022 to support the provision of culturally inclusive care. The organisation's orientation checklist has a section where the staff member is required to read and understand the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</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>The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures are updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken.</p> <p>The service responds to residents' needs. Residents interviewed stated they are supported and encouraged to maintain links within the community and to participate in te ao Māori.</p>
<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>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. Radius has recently established a national cultural safety committee to ensure wellbeing outcomes for Māori are prioritised. Specific cultural values and beliefs are documented in the resident's care plans and this is the foundation of delivery of care, by using a strengths-based and holistic model of care, as evidenced in the resident centred care plans. The Māori health plan describes how care is provided based on the four cornerstones of Māori health 'Te Whare Tapa Whā'.</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</p>	FA	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The service has a policy on cultural responsiveness to Māori principles. The registered nurses interviewed demonstrated a good understanding of informed consent processes. Cultural training includes best tikanga guidelines.</p>

to exercise independence, choice, and control.		
<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>	FA	<p>The complaints procedure is provided to residents and families during the resident's entry to the service. A comprehensive 'Welcome to Radius Care' booklet includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. 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. The facility manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is being maintained. Seven complaints were lodged in 2021-2022 including one complaint lodged through Te Whatu Ora New Zealand- Waikato on 22 June 2021 and two HDC complaints. All but one complaint (October 2022) for period 2021-2022 has been resolved and closed off. The open complaint is dealt with by head office and pending further investigation. There have been numerous meetings, feedback and mediation related to the complaint. There were two complaints lodged in 2023 year to date and one is still unresolved pending further investigation. 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.</p> <p>One HDC complaint dated 24 February 2021 that was reported on at the previous audit has now been documented as resolved without findings that required corrective actions.</p> <p>The Ministry requested follow up against aspects of a complaint logged through the Health and Disability Commissioner (HDC) on 14 June 2021 that included involvement of EPOA for medications and consent for vaccinations (criteria 3.4.2), food preferences documentation and provision (criteria 3.5.1). There were no identified issues in respect of this complaint.</p>

		<p>Te Whatu Ora New Zealand- Waikato made recommendations related to the complaint received on 22 June 2021 and included response to acute deterioration, communication with EPOA at times of acute unwellness and documentation related to observation and assessment of the adult. The service implemented and completed a corrective action plan related to training in effective communication, training from a geriatrician related to recognising and managing acute deterioration (including documentation, observation, assessment, and monitoring). The training sessions were completed by clinical staff in August 2021, November 2021, and January 2022. The training schedule reviewed for 2022 and 2023 evidenced the topics are continued to be included in the annual training schedule.</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 Windsor Court is part of the Radius Residential Care group. The service provides rest home, hospital (geriatric and medical) and dementia level of care for up to 76 residents. Fifty beds in the hospital and rest home wings are dual purpose beds, there are six rest home only beds, and there are twenty beds in the dementia unit.</p> <p>On the day of the audit there were 63 residents, including 29 rest home (including one on respite care) level residents, 19 hospital level residents and 15 residents in the dementia wing. All residents (except the respite resident) were on the age-related residential care contract (ARRC).</p> <p>Radius Strategic plan 2023-2028 describe the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan has clear business goals to support their philosophy of 'Caring is our calling'. There is a business continuity plan 2022-2023 with documented site-specific goals.</p> <p>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. The strategic plan describes annual goals and objectives that support outcomes to achieve equity for Māori. The national cultural committee and Māori advisor supports implementation of the business goals.</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 Windsor Court 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>Tāngata whaikaha have meaningful representation through monthly resident meetings and annual satisfaction surveys.</p> <p>The facility manager is a registered nurse and has been in the role for 18 months. The facility manager has experience in health facility management and education in aged care. The facility manager is supported by a regional manager, a national quality manager and a clinical nurse manager. The clinical nurse manager has been in the role for six weeks and is an experienced nurse in the aged care setting.</p> <p>The facility manager has maintained at least eight hours of professional development activities related to managing an aged care facility and other training. The clinical nurse manager is supported by the regional manager, previous clinical nurse manager (now facility manager at another Radius facility) and Radius peer support person. The previous clinical nurse manager and regional manager were in attendance for this audit. The clinical nurse manager interviewed stated they have had a well-planned induction and are booked to complete the Radius leadership programme in March 2023.</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</p>	FA	<p>Radius Windsor Court has procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the 2021 Standard. New policies or changes to policy are communicated and discussed with staff. Staff completed cultural competency and training</p>

<p>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>to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Windsor Court 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 clinical, staff, health and safety and infection control, document comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Monthly clinical meetings and staff meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and closure when achieved. Quality data and trends in data are posted on a quality noticeboard, located adjacent to the staffroom.</p> <p>The 2022 resident satisfaction survey reported lower than expected satisfaction for areas related to cultural adherence, communication, and activities. Results of the survey have been collated and analysed, and a comprehensive report completed. Survey results were communicated to staff and residents (meeting minutes sighted). A corrective action plan has been documented for each area that requires improvement. Progress is documented and monitored and is still ongoing.</p> <p>The national quality manager benchmarks data against other Radius facilities and industry standards is analysed internally to identify areas for improvement.</p> <p>A risk management plan is in place. A health and safety team meets bimonthly, and they provide health and safety as 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. In the event of a staff accident or incident, a debrief process is documented on the</p>
--	--	---

		<p>accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports using an electronic system 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 the accident/incident forms.</p> <p>Discussions with the facility manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been 39 Section 31 notification completed to notify HealthCERT in 2022/2023 year to date relating to RN unavailability. Six other Section 31s were completed for 2022/2023 and include three for absconding, three for unstageable pressure injuries and one for uncontrollable event related to weather. Two Covid-19 outbreaks in March 2022 and January 2023 were reported to Public Health.</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.</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>	PA Low	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios and skill mixes in an event of acuity change and outbreak management. The facility manager interviewed confirmed staff needs and weekly hours are included in the fortnightly report received from the facility manager. Staffing is flexible to meet the acuity and needs of the residents, and this was confirmed during interviews with managers and staff. There is a first aid trained staff member on duty 24/7.</p> <p>Six weeks of rosters were reviewed and evidence that shifts where staff were absent/sick were replaced with another person. The regional manager explains the roster is developed for an occupancy of 92%; however, the occupancy for the last couple of weeks is at 85% with no reduction in staff hours.</p> <p>Interviews with staff confirmed that their workload is manageable. The regional manager provided evidence of staff turnover statistics</p>

	<p>between February 2022 and February 2023 to be 67%. The facility manager confirmed the usual full time equivalent of RNs to be seven; however, only two RNs and one EN are available to cover the roster. There are five current registered nurse vacancies. The last time there were a full complement of RNs was 18 months ago; the office manager confirmed five RNs have resigned and two are still on parental leave.</p> <p>Recruitment strategies and efforts are ongoing. The service uses two RNs from another Radius facility and one casual RN to complete interRAI and care planning documentation. The service received interRAI reassessment waiver agreements for period 19 October 2022 to 27 December 2022 and again from 9 February 2023 to 31 March 2023.</p> <p>The regional manager explained that five international qualified nurses (IQN) currently employed as level 4 HCAs at Radius Windsor Court are supported to complete their competency assessment programme (CAP). Radius has an agreement with a service provider for CAP placements and clinical managers are qualified preceptors. Management confirmed that by the end of April 2023 there will be five RNs at Radius Windsor Court to cover the roster.</p> <p>A core of staff has been employed for more than three years. There is access to an agency; however, staff are unavailable for Windsor Court due to the travel distance from Hamilton. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Interviews with residents and family/whānau confirmed staffing shortage; however, residents confirmed their care requirements are attended to in a timely manner.</p> <p>The service was granted a temporary waiver by the funder for RN virtual support in lieu of a RN on duty till 7 March 2023. The service requested an extension of the waiver agreement. There have been 39 Section 31 notifications (between April 2022 and 28 February 2023) relating to RN unavailability; each notification covers a week of RN unavailability between three and ten shifts per week, across afternoon and night shifts. The regional manager provided evidence of meeting all the requirements related to the temporary waiver; therefore, no finding was made at this audit related to the roster and RN cover as</p>
--	--

		<p>set out in the signed waiver agreement.</p> <p>The roster continues to evidence insufficient RN cover with no RN on approximately 10 shifts between 4pm and 8am the next morning. An enrolled nurse provides support for HCAs. There is IQN and medication competent HCAs, in conjunction with the RN virtual roster and CNM and FM on call to provide support. The clinical nurse manager provided syringe driver support when no RN was on afternoon and night shift. There are sufficient number of HCAs to cover the roster.</p> <p>There is a full-time facility manager and clinical nurse manager who work from Monday to Friday and provide on-call cover.</p> <p>There are 56 dual purpose beds across three wings: Mainstreet (11 beds), Everlong (28 beds) and Sunset (17 beds). There was a total of 48 residents, including 19 hospital level residents and 29 rest home level residents. The roster is covered as follows:</p> <p>Two full-time RNs are working across the week and weekend, one on morning and one on afternoon shift. The full-time enrolled nurse is working in the morning Monday-Fridays in the dual-purpose wings.</p> <p>Mornings: There are two days one week and three days the other week where there are no morning RNs rostered. The dual-purpose wings are overseen by the CNM and EN and they are supported by six HCAs (five long shifts and one floater till 1.30 pm), including one medication competent HCA.</p> <p>Afternoons: There are two days one week and three days the other week where there are no afternoon RNs rostered. The unavailability is covered by the virtual RN agreement with the funder. There are six HCAs in the afternoon (including one IQN medication competent HCA that is the team leader), five on long shift and one floater till 9 pm.</p> <p>There are 20 beds in the dementia unit and 15 residents.</p> <p>The dementia wing roster is as follows: There are two HCAs on long shifts on morning and afternoons; one HCA on each shift is medication competent.</p> <p>Nights: There is one HCA (IQN team leader) supported by two HCAs</p>
--	--	---

		<p>in the dual-purpose wing and one for the dementia wing.</p> <p>There are sufficient number of non-clinical staff to ensure non-clinical duties are performed. There are designated kitchen, cleaning, and laundry staff seven days a week. Activities staff covers six days a week.</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. Cultural safety and awareness training occurred twice in 2022. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through Te Whatu Ora New Zealand.</p> <p>Staff are encouraged to 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. The learning platform and expertise of Māori staff creates opportunities for that workforce to learn about and address inequities. Staff interviewed describe how they are supported to learn te reo.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-six healthcare assistants are employed. Four HCAs have achieved level two and twenty-eight healthcare assistants have achieved a level four NZQA qualification or higher. Staff are supported by a Radius Careerforce assessor to complete their qualifications.</p> <p>Not all staff have completed their dementia wing standards within 18 months of their employment date. Four staff are newly employed and are not yet enrolled. Of fifteen HCAs allocated to the dementia wing, six have completed the dementia standards and five HCAs are enrolled.</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 with basic wound cares, and observations. All staff are required to complete competency assessments as part of their orientation. Competency</p>
--	--	--

		<p>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 selection of HCAs completed medication administration competencies. A record of completion is maintained on an electronic human resources system. Additional RN specific competencies are listed and scheduled annually to include subcutaneous fluids, syringe driver and interRAI assessment competency. One of two RNs are interRAI trained.</p> <p>A registered nurse leadership programme has been introduced with the completion of online modules and zoom discussion on leadership and management, in order to strengthen and support the clinical managers and RNs. RNs are encouraged to attend in-service training and completed sessions on critical thinking, recognising deterioration in the adult, Covid-19 preparedness; wound management; pain management; communication and complaints management, medication; and training related to specific conditions medications.</p> <p>There are sufficient number of non-clinical staff to ensure non-clinical duties are performed. There are designated kitchen, cleaning, and laundry staff seven days a week. Activities staff covers six days a week.</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>	FA	<p>There are comprehensive human resources 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.</p> <p>A register of RN practising certificates is 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</p>

		<p>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 HCAs 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>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>	FA	<p>All enquiries and those declined entry are recorded on the pre-enquiry form. There were Māori residents and staff members at the time of the audit. Ethnicity, including Māori data is being collected and the service collates and analyses data to show entry and decline rates, including specific data for entry and decline rates for Māori.</p> <p>The service has contacts to work in partnership with local Māori communities and organisations. The clinical nurse manager stated that Māori health practitioners and traditional Māori healers for residents and whānau who may benefit from these interventions, will be consulted when required.</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</p>	PA Moderate	<p>Five residents' files were reviewed and include two rest home residents (including one on respite care), two hospital and one resident in the dementia wing. The GP completes the residents' medical admission within the required timeframes and conducts</p>

<p>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>medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team and allied health. The GP interviewed on the day of audit stated they were very happy with the communication from the facility and there was good use of allied health professionals in the care of residents.</p> <p>The clinical nurse manager reported that sufficient and appropriate information is shared between the staff at each handover (viewed). Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There were 9 residents with 23 wounds at the time of the audit. This included two residents with pressure injuries. One resident on palliative care had six pressure injuries (five unstageable and one stage I) over multiple sites, and one resident had a stage II pressure injury to their heel. Adequate dressing supplies were sighted in the treatment room. Where wounds required additional specialist input, this was initiated, and Te Whatu Ora New Zealand- Waikato wound nurse specialist was consulted. The electronic wound care plan documents assessments, wound management plan, and evaluations are documented with supporting photographs.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the clinical nurse manager and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>Person centred care plans were reviewed following interRAI reassessments. All care planning documentation has been completed within the required timeframes. The resident on respite care had an initial care plan completed within 24 hours of admission. Interventions are person centred focused and address all the needs of each resident. Interventions are recorded to a level of detail to guide staff in the care of each resident, including appropriate interventions related</p>
---	--	--

		<p>to weight loss and cardiorespiratory conditions. Te Ara Whakapiri is implemented for last days of life. The previous audit shortfall (HDSS:2008 # 1.3.6.1) related to interventions has been addressed; however, the shortfall around neurological observations not completed as per policy has not been addressed and will remain open. Monitoring charts are commenced for neurological observations following unwitnessed falls; however, three incidents viewed did not have neurological observations completed as per the organisations policy. All other monitoring charts for two-hourly turns, blood pressure, weight loss, blood sugar levels and fluid balance had been completed as required. Incident/accident reports reviewed evidenced timely follow up by an RN and communication with families/whānau. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with the EN, RNs and HCAs.</p> <p>Where progress was different from expected, the service, in collaboration with the resident and EPOA/whānau/family, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The families/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these are documented. The staff confirmed they understood the process to support residents and whānau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>The activities programme is conducted by two activities coordinators who work full time between the three levels of care provided. The activities coordinators reported that the service supports community initiatives that meet the health needs and aspirations of Māori and</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>whānau. Residents and whānau interviewed felt supported in accessing community activities, such as celebrating national events, Matariki, Anzac holidays, and Māori language week. Local visits from school's kapa haka groups are planned and use of basic Māori words and signage is used. Other activities included church services and bible reading. Te reo Māori use is encouraged. The planned activities and community connections are suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Van trips are conducted except under Covid-19 national restrictions.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</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>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (a paper-based system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checks medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>A total of 10 medicine charts were reviewed. Allergies are indicated, and all residents' photos were current. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements. Efficacy of PRNs medication is documented in the progress notes and evidence of this was sighted.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the</p>

		<p>audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. Residents' medications are stored securely, and these are checked regularly. The enrolled nurse was observed administering medications safely and correctly in the hospital wing. Medications were stored safely and securely in the trolley in the locked medication room. There were no residents self-medicating at the time of the audit; however, there are policies and procedures documented should a resident wish to do this. There were no standing orders in use, and no vaccines are stored. Following a previous complaint to Te Whatu Ora Waikato regarding a resident's medication management around involvement of enduring power of attorney (EPOA) consent for vaccinations; all residents' files reviewed had EPOA consent for vaccinations when the resident was unable to give consent. On interview, the clinical nurse manager confirmed this process does occur.</p> <p>The medication policy clearly outlines those residents, including Māori residents and their family/whānau, are supported to understand their medications. This was confirmed in interviews with the clinical nurse manager and the enrolled nurse.</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 Māori health plan in place included cultural values, beliefs, and protocols around food. The kitchen manager and a cook stated that menu options are culturally specific to te ao Māori/cultural. Boil ups and Island food were included on the menu, and these are offered to Māori and Pasifika residents when required. EPOA/whānau/family are welcome to bring culturally specific food for their family/whānau. The interviewed residents and EPOA/whānau/family expressed satisfaction with the food portions and options. Nutritional snacks are available for residents 24 hours a day, seven days a week.</p> <p>Following a previous complaint to HDC regarding a residents' food preferences not being known to the cook and an enquiry from Te</p>

		<p>Whatu Ora New Zealand to review this during this surveillance audit. The residents` food preferences, dietary needs, intolerances, and allergies are assessed on admission and the documentation is made available to the kitchen manager, cooks, and kitchen staff (viewed). On interview, the kitchen hand and cook confirmed this.</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>A standard transfer notification form from Te Whatu Ora New Zealand - Waikato is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau/family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents` records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents` needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p> <p>Interviews with the clinical nurse manager, the enrolled nurse and review of residents` files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated 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</p>	FA	<p>There is a planned and reactive maintenance programme in place, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 17 June 2023. The service has a full-time maintenance manager, who is available Monday to Friday and on call. Gardening is carried out by contractors. There are essential contractors who can be contacted 24 hours a day, every day. Repairs and maintenance requests are generated through a maintenance log and checked off once completed by the maintenance person.</p> <p>The planned maintenance schedule includes electrical testing and tagging, equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius.</p>

<p>belonging, independence, interaction, and function.</p>		<p>Facility air temperatures are completed, including the nursing treatment rooms.</p> <p>The facility was built in 1996. Management advised future Radius developments would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</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 10 March 2017. Fire evacuation drills are held six-monthly.</p> <p>The building is secure after hours and staff complete security checks at night. The front door closes in the evening and visitors are instructed to press the doorbell for entry after this time. The dementia unit is secure, and has an outdoor secure garden.</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> <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>FA</p>	<p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required. 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.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with</p>

<p>(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>priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers and at monthly staff meetings. The CNM reported that the GP is informed in a timely manner when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced.</p> <p>There have been two Covid-19 outbreaks (March 2022 and January 2023) since the previous audit. This was managed effectively with support and advice from Te Whatu Ora- New Zealand-Waikato and Public Health.</p> <p>The service is actively working towards including ethnicity data in the surveillance of healthcare-associated infections.</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 business plan and restraint policy documents organisational commitment to maintain a restraint-free environment. An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation. The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The restraint coordinator is the clinical nurse manager and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A process is in place for the records of residents requiring restraint, which includes assessment, consent, monitoring, and evaluation.</p> <p>The GP at interview confirmed involvement with the restraint approval process when there are restraints. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered. On the day of the audit, there were no residents who had restraints. Restraint is used as a last resort</p>

		<p>when all alternatives have been explored. This was evident from interviews with the enrolled nurse and the HCAs. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings when there are residents with restraint.</p> <p>Training for all staff occurs at orientation and annually.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>All staff completed compulsory training, including training topics related to dementia, delirium, and behaviours that challenge.</p> <p>There are 15 HCAs allocated to work in the dementia wing. Six have completed the dementia standards. Four staff are newly employed and are not yet enrolled, but are qualified to an equivalent of level four NZQA qualification.</p> <p>Five HCAs are enrolled to complete the dementia standards. Three HCAs have not completed the required dementia wing standards</p>	<p>(i). Three HCAs allocated to work in the dementia wing has not completed the dementia wing training within 18 months of appointment date.</p>	<p>(i). Ensure completion of dementia training requirements comply with E4.5.f of the ARRC.</p> <p>90 days</p>

		<p>within 18 months of appointment date.</p> <p>The regional manager interviewed stated Covid-19 has significant impact on learning activity. The regional manager provided an email that Careerforce put some learning activities on hold.</p>		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>Monitoring charts are commenced for neurological observations following unwitnessed falls. All other monitoring charts for two-hourly turns, blood pressure, weight loss, blood sugar levels and fluid balance had been completed.</p>	<p>The previous audit shortfall (HDSS:2008 # 1.3.6.1) around neurological observations completed as per policy for unwitnessed falls has not been addressed. Monitoring charts are commenced for neurological observations following unwitnessed falls; however, three incidents viewed did not have neurological observations completed as per the organisations policy.</p>	<p>Ensure neurological observations are completed as per policy.</p> <p>60 days</p>

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.