

Radius Residential Care Limited - Radius Kensington

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 Kensington

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

Dates of audit: Start date: 8 March 2023 End date: 9 March 2023

Proposed changes to current services (if any): The service has reduced dementia beds by 12 and increased dual purpose beds by 12 as per the MOH letter dated 13 February 2023

Total beds occupied across all premises included in the audit on the first day of the audit: 90



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
Yellow	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
Red	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 Kensington is owned and operated by Radius Residential Care Limited. The service provides rest home, hospital, residential disability services – Physical, and dementia levels of care for up to 96 residents. On the day of the audit there were 90 residents.

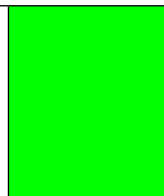
This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora New Zealand Waikato. The audit process included a review of policies and procedures, the review of residents and staff files, observations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

The service is managed by a facility manager (registered nurse) with previous experience in aged care clinical management, supported by a clinical manager, the Radius regional manager, and Radius operations manager.

This audit has identified the service meets the intent of the standards and the area for improvement around the monitoring of observations identified at the previous audit has been satisfied.

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.

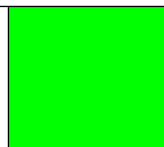


Subsections applicable to this service fully attained.

Radius Kensington 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 fully attained.

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 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. Registered nursing cover is provided seven days a week, with a waiver in place from Te Whatu Ora – Waikato for overnight nursing services provided by internationally qualified nurses (IQN), who are waiting to enter the New Zealand competency assessment programme (CAP).

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 fully attained.
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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 service promotes equity of access to their facility through a well-documented entry and decline process. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals. Care planning involves family/whānau input. The electronic care plans demonstrate service integration.

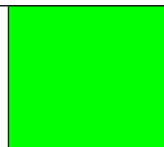
The activities team provides and implements a wide variety of activities, which include cultural celebrations. The programme includes community visitors and opportunities are created to participate in te ao Māori.

Residents' food preferences, dietary and cultural requirements are identified at admission. Cultural considerations are incorporated in menu planning.

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

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

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

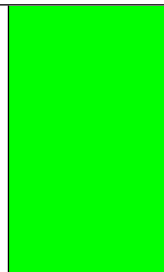


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness certificate. An approved fire evacuation plan is in place. There is an annual preventative maintenance plan that includes checking of hot water temperatures, calibration and service of medical equipment, and testing and tagging of electrical equipment. Fire drills occur six-monthly. The facility is secure at night.

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

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



Subsections applicable to this service 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.

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

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Radius Kensington strives 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	21	0	0	0	0	0
Criteria	0	60	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>On interview, the regional manager and the facility manager stated the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Radius Kensington. At the time of the audit, there were staff members who identify as Māori employed in various roles within the facility. Healthcare assistants interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. 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 Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. The service and organisation are working on establishing links with Pacific organisations to assist in the implementation of their Pacific health</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>plan.</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, that they were supported to know and understand their rights, and that their mana motuhake was recognised and respected.</p> <p>Enduring power of attorney (EPOA), whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural responsiveness for Māori residents' policy, for residents who identify as Māori.</p> <p>Interviews with staff (three healthcare assistants, two registered nurses, two activities coordinators, one maintenance, one chef, and one laundry staff), five managers (facility manager [FM], clinical manager [CM], office manager [OM], regional manager [RM]), and the national quality manager), and documentation reviewed identified that the service's model of care is resident and family/whānau centred and all confirmed their understanding of Māori rights.</p> <p>Four residents (two rest home and two hospital) interviewed, and eleven family/whānau (two dementia, four rest home and five hospital), confirmed that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected. The service recognises Māori mana motuhake, and this is reflected in the current Māori health care plan.</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</p>	<p>FA</p>	<p>The Radius Kensington annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi and cultural safety was provided last in November 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 (eg, Matariki).</p>

<p>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. Satisfaction surveys completed in 2022 confirmed that residents and families are treated with respect. Residents and family/whānau reported that their values, beliefs, and language is respected in the care planning process.</p> <p>The service responds to residents' needs, including those with a disability and supports and encourages participation 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. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Radius have reviewed the organisational policies to align with the Ngā Paerewa Services Standard. Inclusiveness of ethnicities, and cultural days are completed 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 a national cultural safety committee to ensure wellbeing outcomes for Māori are prioritised by using a strengths-based and holistic model of care, as evidenced in the resident centred care plans. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</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</p>	<p>FA</p>	<p>Radius Kensington ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and whānau in interviews conducted. The facility manager stated that additional advice can be accessed from local cultural advisors, staff</p>

<p>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>		<p>members who identify as Māori, or Te Whatu Ora - Waikato if required. Staff reported that they are encouraged to refer to the Māori health policy on tikanga best practice.</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 complaints procedure is provided to residents and families/whānau 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. Residents and relatives making a complaint can involve an independent support person in the process if they choose. The facility manager is aware of the preference for face-to-face communication with people who identify as Māori and would facilitate this as required. 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.</p> <p>A complaints register is being maintained. Since the previous certification audit (10 August 2021) there have been two complaints lodged in 2022 and none in 2023 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. All complaints are documented as resolved and there have been no complaints to external parties.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	<p>FA</p>	<p>Radius Kensington has a total of 96 beds and is certified for rest home, hospital (including medical), residential disability- physical, and dementia levels of care. Seventy beds are dual-purpose. There are</p>

<p>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>26 beds in the dementia units (19 in green wing and 7 in blue wing). This follows the reconfiguration of services approved by the Ministry of Health on 13 February 2023.</p> <p>At the time of the audit, there were 90 beds occupied: 25 rest home level care residents, including one respite and three on a long-term service’s chronic health contract (LTS-CHC); 26 residents in secure dementia care (including three LTS-CHC); and 39 residents at hospital level of care, including one on a younger person with a disability (YPD) contract, and three LTS-CHC.</p> <p>Radius strategies 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’.</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 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 Kensington 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. Tāngata whaikaha have meaningful representation through resident meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents.</p> <p>The facility manager (registered nurse) has been in post for six months and was previously three years as a clinical manager within Radius. The facility manager is supported by a regional manager (interviewed), a national quality manager, a clinical manager and office manager. The clinical manager has also been in the role for six months and has had extensive nursing experience in the public health service.</p>
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		<p>The facility manager and clinical manager have maintained at least eight hours of professional development activities related to managing an aged care facility and other training includes: advocacy and complaint management; infection control; restraint; health and safety; fire safety; emergency procedures and Covid-19 preparedness; and Radius management components.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Radius Kensington 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 have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Kensington 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 a comprehensive review. Minutes include (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 in the staffroom.</p> <p>The 2022 resident satisfaction survey 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 completed. Survey results were communicated to staff and</p>

	<p>residents (meeting minutes sighted). The national quality manager benchmarks data against other Radius facilities and industry standards are analysed internally to identify areas for improvement.</p> <p>A risk management plan is in place. A health and safety team meets monthly, 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 is then provided to the governance body monthly. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Electronic reports using eCase are completed for each incident/accident. Incidents are given a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed falls, unwitnessed falls, and an absconding resident). Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Opportunities to minimise future risks are identified by the clinical manager in consultation with RNs and HCAs.</p> <p>Discussions with the regional manager and facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT in 2022 to date relating to RN shortages, challenging behaviour, change of management, and an unstageable pressure injury.</p> <p>The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity, through critical analysis of data and organisational practices. Staff have completed a cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p>
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<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 a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site overnight for hospital level care residents. The service mitigates the risk of this situation by utilising an overnight virtual nurse service, with a senior HCA (International qualified nurse) acting as night shift duty lead on site. A temporary waiver to utilise a virtual nursing service in lieu of an on-site RN has been granted by Te Whatu Ora Waikato District Health of Older People portfolio manager in charge of aged residential care until 4 April 2023. The service is actively recruiting registered nurses. The registered nurses and a selection of HCAs 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, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The facility manager works Monday to Friday 8.30 am- 5 pm. The clinical manager works Monday to Friday 8.00 am – 4.30 pm. Rosters are split with defined staffing for hospital, rest home and dementia. There are floating staff between care levels on night shifts.</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. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through Te Whatu Ora.</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.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-two healthcare assistants are employed. Forty-six healthcare assistants have achieved a level three NZQA qualification or higher. There are 18 healthcare assistants who work in the dementia area, and all have</p>
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		<p>the required dementia qualifications.</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 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 have completed medication administration competencies. A record of completion is maintained on an electronic human resources system. Additional RN specific competencies include subcutaneous fluids, syringe driver, catheterisation, and interRAI assessment competency. Four of nine RNs are interRAI trained. Training and competence are provided to staff to ensure health and safety in the workplace, including: manual handling; hoist training; chemical safety; emergency management, including (six-monthly) fire drills; personal protective equipment (PPE) training; and hazard reporting.</p> <p>A registered nurse leadership programme is in place 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, including: Covid-19 preparedness; wound management; pain management; medication; and training related to specific conditions medications.</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</p>	<p>FA</p>	<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. Six staff files reviewed (two registered nurses, one healthcare assistant, one cook, one maintenance, and one activities coordinator) 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>culturally safe, respectful, quality care and services.</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 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 for Māori. Healthcare assistants interviewed reported that the orientation process prepares 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>	<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. 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.</p> <p>Ethnicity, including Māori, is being collected and analysed by the service. The service has developed meaningful partnerships with Māori communities and organisations at a facility level to benefit Māori individuals and whānau.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven resident files were reviewed (three hospital level, including one LTS-CHC and one YPD; two rest home level of care, including one on a respite contract; and two dementia level of care).</p> <p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Initial care plans are developed with the resident's/EPOA's consent within the required timeframe. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and interRAI assessments.</p> <p>The care plans include activities and interventions to ensure that resident's physical, mental health, cultural and wellbeing needs are met. There are current residents who identify as Māori. On interview, the RN and HCAs had understanding of the four cornerstones of Māori health model plan 'Te Whare Tapa Whā'. 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, and working 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 (eg, infections, wounds, and weight loss).</p> <p>The respite and YPD resident on admission have initial assessments and an initial care plan documented.</p> <p>Residents have reviews by the general practitioner within required timeframes and when their health status changes. The GP visits the facility twice 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. 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</p>
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	<p>resident's condition alters, the RN initiates a review and if required requests a GP visit.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound 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 twelve residents with wounds on the day of the audit, including one unstageable pressure injury, one stage II and one stage I. Where wounds required additional specialist input, a wound nurse specialist has been 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. 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.</p> <p>Incident reports reviewed reflected a clinical assessment and a timely follow up by a RN. Neurological observations were undertaken for all unwitnessed falls and those where a head injury was suspected. The previous shortfall (HDSS: 2008 # 1.3.6.1) around completion of neurological observations has been addressed. 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>Management and RN reported they routinely invite family/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 HCAs and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities team ensure that te reo Māori and tikanga Māori are actively promoted and included in the activities programme. The staff ensure opportunities are facilitated for Māori residents to participate in te reo Māori. Māori language week was celebrated with residents using te reo Māori and Pacific languages, learning numbers and common greetings. The residents and their families/whānau 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. The service supports community initiatives. The local schools visit, and Kapa Haka groups visit and perform. There is a gentleman's carving group and art work led by local Māori (relatives of two residents) and a Māori entertainer visits and sings Māori songs.</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 internal audit six-monthly. Education around safe medication administration has been provided. A safe system for medicine management using a paper-based system was observed on the day of audit.</p> <p>The RNs and senior HCAs are responsible for the administration of medications. They have completed medication competencies and annual medication education. The RNs have completed syringe driver training. All stock medications and robotic rolls were evidenced to be checked on delivery, with discrepancies fed back to the supplying pharmacy. No residents were self-medicating at the time of audit. The policy clearly describes a safe process for self-administration, should it be required.</p> <p>Fourteen 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</p>

		<p>than three months. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented in progress notes. One RN was observed administering medications correctly on the day of audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects.</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. Standing orders are not in use at Radius Kensington. Registered nurses advised that over-the-counter medications are 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. The RNs 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 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. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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</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 RN interviewed described exits, discharges and transfers are coordinated in collaboration with the resident and family/whānau to</p>

<p>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>		<p>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.</p> <p>A copy of the advance directives, advance care plan (where available), completed transfer report, and medication chart are included in the transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current building warrant of fitness which expires on 13 July 2023. The maintenance person works full time (Monday to Friday). Maintenance requests are logged through a communication book 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.</p> <p>Essential contractors such as plumbers and electricians are available as required. Testing and tagging of electrical equipment expire in 15 March 2023, and checking and calibration of medical equipment expires 18 January 2024. 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. There was adequate personal space that was safe and age appropriate and has accessible areas to meet, relaxation, activity, lounge, and dining needs.</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 (25 January 2023) 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</p>

		symptoms on entry and masks are worn by visitors and staff.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>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 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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance is an integral part of the infection control programme. 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 has commenced incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been two Covid-19 outbreaks since the previous audit. Outbreaks occurred in March and July 2022. The outbreaks were managed effectively with support and advice from the Ministry of Health and Public Health. The Ministry of Health supplied additional</p>

		<p>personal protective clothing. Communication was maintained with residents and families/whānau 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 and staff to the facility are screened for symptoms and record keeping of all incoming and outgoing visits is maintained. Visitors, family, and staff are required to use a mask during the visit.</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 approval process is described in the restraint policy. The policy includes guidance on the safe use of restraints. The restraint committee terms of reference make specific reference to those sites with younger residents (YPD), having representation of YPD residents and/or their whanau, who have lived experience with restraint practices, being part of the restraint committee. Radius Kensington has such representation.</p> <p>The restraint coordinator is the clinical manager and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation. Restraint use is benchmarked.</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 review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The facility was restraint free at the time of audit. Restraint is only used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination. Training for all staff occurs at orientation and annually. Review of restraint use (if any) is completed and discussed at all staff meetings.</p>

Specific results for criterion where corrective actions are required

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

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

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

No data to display

End of the report.