

Radius Residential Care Limited - Radius Thornleigh Park

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 Thornleigh Park

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

Dates of audit: Start date: 18 April 2023 End date: 18 April 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: 41

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 Thornleigh Park is part of the Radius Residential Care Group. The service provides rest home, hospital (geriatric and medical) and residential disability (physical) levels of care for up to 87 residents. On the day of the audit, there was 41 residents.

This unannounced 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 – Taranaki and Whaikaha- Ministry of Disabled People. 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 the general practitioner.

The service is managed by a facility manager (registered nurse) with previous experience in aged care management, 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 recently completed construction of: 26 dual purpose rooms with ensuites; a new kitchen and extension to the main dining room; treatment room; medication room; recreational area; internal gardens; and walkways. This was verified in January 2023.

The service has addressed one of the three previous shortfalls identified at the previous partial provisional audit relating to an accessible call bell in one communal shower/toilet in the new build. Improvements continue to be required around staffing and the fire evacuation scheme.

This surveillance audit identified further improvements related to the implementation of the quality management programme and meeting timeframes.

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.
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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/whānau. 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 medium or high risk and/or unattained and of low risk.
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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 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. Policies and risk management plans are implemented to ensure safe measures related to roster cover. Improvements required around the registered nurse cover should be read in the context of the national workforce shortage at the time the audit was conducted.

Ngā huarahi ki te ora | 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 low risk.
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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 promptly.

The planned activities and community connections are suitable for the residents. Opportunities for Māori and family/whānau to participate in te ao Māori are facilitated.

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

The food service provides for specific dietary needs, including cultural considerations, likes and dislikes of the residents. Staff understood cultural protocols around food.

Transfers to other health services are coordinated and in a manner that promotes continuity of care.

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.

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

The building has a current warrant of fitness displayed. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place to ensure the safety of residents and staff.

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 June and September 2022, and this was 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.
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Radius Thornleigh Park maintains a restraint-free environment. The restraint policy and business plan both identify the organisations commitment to maintain restraint free. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies were 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	18	0	2	2	0	0
Criteria	0	56	0	3	2	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	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 Thornleigh Park. The facility links with a work placement organisation that assist Radius Thornleigh Park to access Māori applicants and talent. At the time of the audit, there were staff members who identify as Māori. There is a Māori health plan and Māori health strategy 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.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve	FA	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 is working with their Pacific staff and an organisation in New Plymouth to assist

<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>in the implementation of their Pacific health 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>	FA	<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. 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.</p> <p>Interviews with staff (five healthcare assistants, one activities coordinator, one maintenance person, one kitchen manager, three managers (facility manager [FM], clinical nurse manager [CNM]) and regional manager [RM]), identified that the service's model of care is resident and family/whānau centred.</p> <p>Four residents (two hospital, including a younger person with disabilities [YPD] and two rest home) interviewed, and four family/whānau (one hospital and three rest home), confirmed that they have choice and staff respect their needs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The Radius Thornleigh Park annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in 2022 and again in February 2023 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>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</p>

		<p>practices are incorporated in all activities undertaken.</p> <p>The service responds to residents' needs. One younger person with disability interviewed stated they are supported and encourage 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.</p> <p>The Māori health plan describes how care is provided based on the four corners of Māori health 'Te Whare Tapa Whā'. The Māori Health Strategy plan documents a goal to understand the impact of institutional, interpersonal, and internalised racism on resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions.</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 perspective of health. The clinical nurse manager (registered nurse) 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/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. 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, had been 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. Ten complaints were lodged since October 2021- 2023 year to date. The service formulated their responses within the requested timeframe and resolved to the satisfaction of the complainants. There were no trends identified and no complaints received from external agencies.</p> <p>Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</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</p>	FA	<p>Radius Thornleigh Park is part of the Radius Residential Care group. The service provides rest home, hospital (geriatric and medical) and residential disability (physical) levels of care for up to 87 residents. There are 73 dual purpose beds and 14 rest home only beds. On the day of the audit there were 41 residents, including 28 rest home level residents and 13 hospital level residents. Four residents (two hospital and two rest home) were under the Ministry of Disability contract and the remaining residents were on the age-related residential care contract (ARRC).</p> <p>Radius strategies describe the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan 2023-2028</p>

<p>sensitive to the cultural diversity of communities we serve.</p>	<p>has clear business goals to support their philosophy of 'Caring is our calling.' There is a 2023 business plan for Radius Thornleigh Park with site specific business and quality goals.</p> <p>The Board and the senior leadership team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. 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 and support collaboration with mana whenua.</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. Cultural safety is embedded within the documented quality programme and staff training.</p> <p>Tāngata whaikaha have meaningful representation through bimonthly resident meetings and annual satisfaction surveys. The management team review the results and provides feedback to identify barriers to care, to improve outcomes for all residents. The senior leadership team and managers at Thornleigh Park have an open and transparent decision management process that includes regular staff and residents' meetings.</p> <p>The facility manager (non-clinical) has been in the role for 12 months, has over two years' experience in the same role and experience overseas in community aged care services and paramedicine. The facility manager oversees the day-to-day operation of the facility and is supported by the clinical nurse manager. The management team are supported by a regional manager, and a national quality manager. The clinical nurse manager has been in the role for six months. She previously was a registered nurse for the same facility.</p> <p>The facility manager and clinical nurse manager have maintained at least eight hours of professional development activities related to managing an aged care facility and other training includes: advocacy and complaint management; infection control; health and safety; fire safety; emergency procedures; and Covid-19 preparedness.</p>
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<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>PA Low</p>	<p>Thornleigh Park has a documented quality and risk management programme. The facility manager and clinical nurse manager are responsible for the implementation of the 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 review and discussion around all areas including (but not limited to): infection control/pandemic strategies; complaints received (if any); staffing, education; quality data; health and safety; hazards; incidents and accidents; internal audits; and infections.</p> <p>Meeting minutes occurred as scheduled for 2022 and the schedule is being implemented for 2023. However, meeting minutes did not always evidence that trends, analysis, and benchmarking of incident/accident data are provided and discussed with staff.</p> <p>Internal audits were completed as scheduled for 2022 and are being implemented for 2023. Corrective actions are documented for internal audit deficiencies to address service improvements. Where corrective actions were identified, there is evidence of progress and closure when achieved. Quality data and trends in data were also not visible on the quality noticeboard.</p> <p>The 2022 resident satisfaction survey related to food has been completed and indicated 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 residents (meeting minutes sighted).</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</p>

		<p>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. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in 14 accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, absconding of a resident, skin tears). Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. However, several incidents report forms have not been closed off. Clinical meeting minutes evidence individual residents at risk are discussed and opportunities to minimise future risk are identified.</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. In 2022, there have been 27 Section 31 notifications completed to notify HealthCERT relating to weekly RN unavailability, four related to residents absconding/missing, two for pressure injuries, and one related to missing medication. A notification of change in CNM was notified in August 2022. In 2023 YTD, there have been 16 Section 31 notifications completed to notify HealthCERT relating to weekly RN unavailability, one for a pressure injury and one for an absconding/missing resident.</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. Critical analysis of organisational practice is completed through benchmarking and analysis and reports at national level, annual review of the quality programme, review of policies and internal audits. As part of the overall annual review of the quality programme, the service reviews the annual education and competence programme. Staff are supported to learn te reo Māori and e-learning material and resources are available.</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>PA Moderate</p>	<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 weekly 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 both managers and staff. There is a first aid trained staff member on duty 24/7.</p> <p>The facility manager is available at the facility Monday to Friday and is on-call after hours for any organisational concerns. The clinical nurse manager works five days a week with a team leader [IQN] in the mornings, to provide clinical oversight and leadership. The facility manager or clinical nurse manager is able to be replaced if on leave by the regional manager, with support from head office. There is an on-call roster for the region and the GP/NP is available for after hours support.</p> <p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. There is a recognised nursing shortage at the facility with a registered nurse (clinical manager) and part-time RN to cover morning shifts over seven days; there is an afternoon RN available for five days of the week and no RN available for nights. Where a RN is not available, there is a team leader (medication competent) allocated to the shift (international qualified nurse [IQN]) in place of an RN. Radius provided a virtual RN service. There is no virtual nurse waiver agreement available in the region from Te Whatu Ora Health New Zealand- Taranaki; therefore, the facility is still not able to meet the ARRC agreement with Te Whatu Ora clause D 17.4a i-iii. The facility provided evidence of handover notes from the virtual RN when their services are utilised, and documentation evidence input from the virtual RN in relation to pain assessments and pain medication requirements. Documentation provided evidence around appropriate risk mitigation. There are two IQNs that completed the competency assessment programme and are awaiting their APCs. The previous partial provisional audit shortfall around staffing remains an area requiring improvement.</p>
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	<p>Staff are rostered across the facility which is a single level site. There are five HCAs on the morning shift (0700-1500), including four on a full shift and one short shift. There are five HCAs on the afternoon shift (1430-2300), including four on a full shift and one floating (1630-2000). There are three HCAs overnight. Additional HCA support is available when needed. There are sufficient numbers of staff currently to increase the occupancy to 66 residents. Interviews with staff confirmed that their workload is manageable.</p> <p>The clinical nurse manager stated HCA turnover had been similar to previous years and confirmed to be stable. A core of staff has been employed for more than three years. There is access to an agency; however, Thornleigh Park staff are offered the opportunity to cover extra shifts first. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and residents meeting minutes. Interviews with residents and families/whānau confirmed their care requirements are attended to.</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 awareness training occurred as planned. Toolbox talks are held when required at handovers.</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. Staff interviewed describe how they are supported to learn te reo Māori.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-eight healthcare assistants are employed. Twenty-one healthcare assistants have achieved a level three NZQA qualification or higher.</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>
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		<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. 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 RN workforce. All RNs are encouraged to attend in-service training and complete critical thinking, including: Covid-19 preparedness; wound management; pain management; communication and complaints management; medication; and training related to specific conditions medications, including conditions specific to their YPD residents.</p> <p>There are designated cleaning and laundry staff seven 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 (one clinical nurse manager, one registered nurse and three healthcare assistants) 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 place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service</p>

		<p>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 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>Radius Thornleigh Park admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry are recorded on the pre-enquiry form.</p> <p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. The service is collecting ethnicity information at the time of admission from individual residents. The facility is identifying entry and decline rates for Māori, with the aim to analyse and report on this information to head office. The service identifies and implements supports to benefit Māori and whānau. The service engaged their staff and the local marae in order to further develop meaningful partnerships with Māori communities and organisations, 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</p>	PA Low	<p>Five resident files were reviewed (two hospital level, and three rest home files). One YPD resident was included in the file review. The registered nurses (RNs) are responsible for undertaking all aspects of assessments, care plan development and evaluations. There is evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plan and multidisciplinary team (MDT) reviews. This is documented in the progress notes and all communication is captured in the integrated electronic resident files.</p> <p>Initial interRAI assessments and reassessments have not been</p>

<p>whānau to support wellbeing.</p>	<p>consistently completed in line with expected timeframes of 21 days post admission and six-monthly for reassessment. Other risk assessments such as pressure injury, falls and nutrition assessments are completed on admission, and these formulate the basis of the long-term care plan. The service supports Māori and family/whānau to identify their own pae ora outcomes in their care plan. Cultural assessments are completed for residents, and values, beliefs, and spiritual needs are documented in the care plan. Barriers that prevent family/whānau and tāngata whaikaha from independently accessing information are identified and strategies to manage these put in place. Short-term care plans are used for short term needs, including (but not limited to) infections, weight loss, wounds, and falls.</p> <p>Interventions are individualised and recorded to a level of detail to guide staff in the care of each resident. The YPD resident's care plan integrated normal routine, hobbies, and social wellbeing. The resident (interviewed) described how the service supports them to maintain family/whānau relationships.</p> <p>Written evaluations reviewed identify if the resident goals had been met or if further interventions and support are required. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) meeting or significant health changes. Residents and family/whānau are invited to attend MDT meetings.</p> <p>The general practitioner (GP) and nurse practitioner (NP) from local medical centres provides medical service. There is a visit each week from either the GP or NP for review of any residents of concern and on-call support. There is evidence in the resident files that the residents were seen by the GP or NP within five working days of admission and residents were reviewed three-monthly or earlier if required. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP interviewed on the day of audit stated they were very happy with the competence of the RNs and timely communication when there are concerns. There are visits from palliative care nurse specialists, wound nurse, podiatrist, and physiotherapist, as indicated by the needs of the residents.</p> <p>Healthcare assistants interviewed could describe a verbal and written</p>
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		<p>handover at the beginning of each shift that maintains a continuity of service delivery. Healthcare assistants document progress notes on each shift. There was evidence that RNs added to the progress notes when there was an incident or changes in health status.</p> <p>The electronic progress notes reviewed provided evidence that family have been notified of changes to health, including infections, accident/incidents, GP/NP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>Nine wounds were actively being managed, including two pressure injuries (grade II and grade III). Assessments (including photographs) and wound management plans including measurements were reviewed. The wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is access to wound expertise from a wound care nurse specialist, as clinically indicated by the needs of the resident. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including (but not limited to): vital signs; behaviour charts; food and fluid chart; turning charts; neurological observations; and toileting regime. Monitoring charts had been completed as scheduled. Residents interviewed reported their needs and expectations were being met. Incident reports reviewed evidenced timely RN follow up.</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>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</p>	FA	<p>The activities programme is conducted by one activities coordinator; a second activities coordinator (DT) starts employment in two weeks to support the increase in occupancy. The activities coordinator reported that the service supports community initiatives that meet the health needs and aspirations of Māori and family/whānau. This included visits and activities that include the community. Residents and family/whānau interviewed felt supported in accessing</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>community activities, such as celebrating national events, Matariki, Anzac holidays, Māori language week, local visits from schools, kapa haka groups and use of basic Māori words. Other activities included poi making and harakeke crafts. Karakia in meetings and celebratory meals are included in activities. The planned activities and community connections are suitable for the residents, including residents under 65 years of age. Opportunities for Māori and family/whānau to participate in te ao Māori are facilitated.</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>There are policies and procedures in place for safe medicine management that meet legislative requirements. All medications are stored safely in each service level area. Registered nurses and HCAs complete annual medication competencies and education. Registered nurses complete syringe driver training. Medication reconciliation of monthly regular and 'as required' medication is checked by the RN. Any errors are fed back to the pharmacy. Impress medications are checked regularly for stock level and expiry dates. Medication audits are completed.</p> <p>There were no residents self-administering medications at the time of the audit. There are policies and procedures in place should any residents, including YPD residents, choose to self-administer medications. The medication fridge and medication room temperatures are monitored, and the temperatures were within acceptable ranges. All eye drops, creams and sprays were dated on opening.</p> <p>The service uses an electronic medication system. Ten medication charts were reviewed and met prescribing requirements. All medication charts had photographs, allergies documented and had been reviewed at least three-monthly by the GP/NP. Records demonstrated that regular medications were administered as prescribed. 'As required' medications had the indication for use documented. The effectiveness of 'as required' medications were recorded in the progress notes.</p>

		<p>There was documented evidence in the progress notes that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The RNs and clinical nurse manager described working in partnership with all residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>There are no standing orders in use at the service. All medications are charted either regular doses or as required. Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Staff have attended training around medication management and pain management as part of their annual scheduled training programme.</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 interviewed residents and whānau/family expressed satisfaction with the food portions and options. The menu is distributed to the residents weekly, allowing a choice of meals. The kitchen manager consults directly with residents to gain feedback of the food services and adjusts the menu if any special requests are required. The kitchen manager advised that as part of cultural celebrations, such as Matariki, there is choice of Māori foods. The kitchen manager presented a new cultural menu with support from an external company that included dishes culturally specific to te ao Māori and other cultures. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes. Food safety training completed by kitchen staff includes cultural concepts such as tapu and noa.</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>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and</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>safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service. Discharge notes and summaries are uploaded to the electronic system and integrated into the care plan. There is evidence of referrals for re-assessment from rest home to hospital level of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current warrant of fitness which expires on 11 May 2023. There was a CPU notice of approval issued on 21 February 2023 for the new built; however, the CPU certificate has not yet been received to display. There is a planned preventative and reactive maintenance programme in place. The checking of medical equipment including hoists, has been completed annually. Hot water temperatures in resident areas and rooms are randomly checked monthly. Temperatures were recorded between the required ranges. The environment is inclusive of peoples' cultures and supports cultural practices (as observed during audit).</p> <p>The facility was designed prior to the new standards being implemented and therefore consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori, was not required. In the future, the managers state that they will link and consult with Māori to co-design environments, and to ensure that they reflect the 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>PA Moderate</p>	<p>The current Fire Evacuation Scheme is for the existing building (dated 1 November 1994). The fire evacuation has been revised to include the new build, but the plan has not yet been approved by Fire and Emergency Services New Zealand (FENZ) at the time of the audit. This is a continued shortfall from the previous partial provisional audit. Fire drills are scheduled and completed every six months with the last drill completed in April 2023. The building is secure after hours and staff complete security checks at night.</p> <p>The call bell system has been upgraded in the 'older' area of the</p>

		<p>facility and connects with the call bell system in the new build areas. Call bells are evident in residents' rooms, lounge areas and toilets/bathrooms, including in all areas in the new build and in the large communal bathroom in the new build. The previous finding related to the communal bathroom which did not have an accessible call bell close to the shower, has been addressed. Residents were sighted to have call bells within reach during the audit. Staff can summon for assistance. There are annunciators and display screens to alert staff of which resident needs assistance. Call bell response time reports for March and April 2023 were reviewed and evidence staff are responding to the call bells in a timely manner.</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>	FA	<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 infection prevention 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 committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Ethnicity data can be accessed through the computer reporting 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 on time 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</p>

methods specified in the infection prevention programme, and with an equity focus.		<p>develop or experience a HAI are practiced. Residents and family/whānau stated they are informed on progress of infections and treatment provided.</p> <p>There have been two Covid-19 outbreaks (June 2022 and September 2022) since the previous audit. This was managed effectively with support and advice from Te Whatu Ora New Zealand-Taranaki and Public Health. The implementation of the pandemic plan proved to be successful.</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>	FA	<p>Radius Thornleigh Park maintain a restraint-free environment. The restraint policy, strategic plan, and business plan both identify the organisations approach to eliminating restraint. Progress to maintaining a restraint-free environment is reported through quarterly benchmarking analysis reports.</p> <p>The restraint approval process is described in the restraint policy and procedures and provides guidance on the safe use of restraints. The restraint coordinator is the clinical nurse manager, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The service is working towards including a resident or family/whānau advocate on their restraint oversight group.</p> <p>The reporting process to the governance body includes ongoing actions to maintain a restraint-free environment and interventions that support the ongoing safety of residents and staff.</p> <p>Challenging behaviour and falls are managed, and staff interviewed could explain the strategies implemented in the ongoing process of restraint elimination. Training occurred at orientation and in relation to managing challenging behaviour, falls management and management of dementia.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>There is a documented quality and risk management programme. There is an internal audit schedule and meeting schedule. Meeting minutes evidence a set agenda that include discussions of quality data. Infection trends and analysis are discussed. Meeting minutes reviewed for 2022 and 2023 did not always evidence that trends and analysis of incidents/accidents were discussed at meetings. Interviews with staff confirmed they are always informed of benchmarking data. Visual inspection of the staff environment shows no display of graphs.</p>	<p>(i).Trends and analysis of incident and accident data have not always been discussed at meetings.</p> <p>(ii).Benchmarking data and graphs were not presented and discussed with staff.</p>	<p>(i).Ensure trends and analysis of all quality data is discussed with staff.</p> <p>(ii). Ensure staff are aware of benchmarking and data outcomes.</p> <p>90 days</p>
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including</p>	PA Low	<p>Incident report forms were documented electronically. Each event has a risk rating allocated and is escalated appropriately for immediate action. There were several incident</p>	<p>(i) Incidents reports reviewed did not always evidence sign out or were closed off in a timely</p>	<p>(i). Ensure all incident/accident forms are signed out and closed off in a timely</p>

potential inequities, and develop a plan to respond to them.		report forms not closed out or signed off between November 2022 and February 2023. Trends and analysis of incidents and accidents were documented each month on the electronic system in a form of a summary (also refer 2.2.2). Corrective actions were not always completed to address concerns in relation to trends and analysis of the incident/accident data.	manner. (ii) Corrective actions were not completed in relation to incident/accident data.	manner by the person responsible. (ii). Ensure corrective action plans are completed in relation to incident/accident data to address risk. 90 days
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Moderate	There is a recognised nursing shortage at the facility with a registered nurse (clinical manager) and part-time RN to cover morning shifts over seven days; there is an afternoon RN available for five days of the week and no RN available for nights. Where a RN is not available, there is a team leader (medication competent) allocated to the shift (international qualified nurse [IQN]) in place of an RN. Radius provides a virtual RN service. There is no virtual nurse waiver agreement available in the region from Te Whatu Ora Health New Zealand- Taranaki; therefore, the facility is still not able to meet the ARRC agreement with Te Whatu Ora clause D 17.4a i-iii.	Due to a national workforce shortage, the roster is not always covered by a registered nurse 24/7.	<p>Ensure that the roster evidences 24/7 registered nurse coverage.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services</p>	PA Low	There are comprehensive policies in place related to assessment and support planning; however, not all interRAI assessments were completed on time as per the ARRC agreement (section 16.2 – 16.4).	Three of four interRAI assessments were not completed within 21 days of admission or reviewed six-monthly.	<p>Ensure interRAI assessments are completed and reviewed in line with expected timeframes for all residents.</p> <p>90 days</p>

requests this.				
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA</p> <p>Moderate</p>	<p>Radius Thornleigh Park applied for a revised evacuation plan back in December 2022. Radius Thornleigh Park failed the initial inspection of Fire and Emergency Services New Zealand (FENZ) due to various signage and non-compliant items in the existing facility, including smoke stop seals, door alignments, etc. The signage and remedials have been actioned and Radius Thornleigh Park were still awaiting a final inspection from FENZ at the time of the audit.</p> <p>Fire training has been completed with all staff.</p>	<p>The revised fire evacuation scheme has not been approved by the fire service.</p>	<p>Ensure an approved fire evacuation scheme has been approved.</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, these 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.