

Radius Residential Care Limited - Radius Lexham 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 Lexham Park

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

Dates of audit: Start date: 12 July 2023 End date: 13 July 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: 60

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 Lexham Park is part of the Radius Residential Care group. The service provides rest home, and hospital (geriatric and medical) levels of care for up to 63 residents. On the day of the audit there was 60 residents.

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

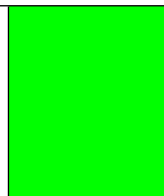
The service is managed by a facility manager with previous experience in aged care management. The facility manager is supported by a regional manager, national quality manager and an acting clinical nurse manager. Residents and family/whānau interviewed spoke positively about the service provided.

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

This surveillance audit identified shortfalls related to registered nurse staffing and care plan reviews.

Ō tatou motika | Our rights

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



Subsections applicable to this service fully attained.

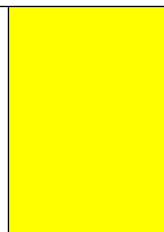
The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The Board and senior management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/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 low risk.

Radius Residential Care Ltd is the organisation's governing body responsible for the service provided at this facility. The business plan includes a mission statement and outlines current objectives. The business plan is supported by quality and risk management

processes that take a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the national quality manager, who in turn, reports to the governing body and managing director/executive chairperson.

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

Residents receive cultural and clinical safe care. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. There is a documented education, training, and competency schedule. There is a policy documented to address staff skill mix and staff ratios; however, this audit was undertaken at a time of national healthcare staff shortages. Any shortfalls in this area should be viewed in this context.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of 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.

The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language, dual language signage, movies, entertainers, quizzes, and Māori celebratory events. Community links are maintained.

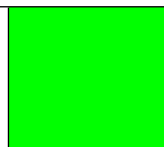
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. Staff apply Māori practices in line with tapu and noa.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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

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

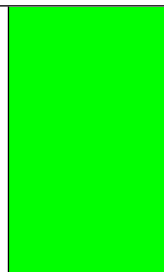


Subsections applicable to this service fully attained.

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

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

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



Subsections applicable to this service fully attained.

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

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There have been two outbreaks since the previous audit, and these were well managed.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The business plan and restraint policy documents organisational commitment to maintain a restraint-free environment. At the time of the audit, there was one resident using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	2	0	0	0
Criteria	0	57	0	2	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 facility manager stated the organisation supports increasing Māori capacity by employing suitably qualified Māori applicants when they do apply for employment opportunities at Radius Lexham Park. At the time of the audit, there were staff members who identified as Māori. There is a Māori health plan that documents a commitment to a diverse workforce. Ethnicity data is gathered when staff are employed, and this data is analysed at a governance level.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Radius Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. A Pacific health plan is in place, which has been reviewed by Pacific staff and community links.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The residents interviewed said that all staff respected their rights. Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. There is a Māori health plan and cultural responsiveness for Māori residents' policy that provide guidance on how to support Māori mana motuhake. Staff have completed cultural training which includes Māori rights and health equity. Care plans reviewed reflect residents' goals and the promotion of residents' independence.</p> <p>Interviews with nine staff (two healthcare assistants (HCAs), two registered nurses (RNs), two diversional therapists, one kitchen manager, one laundry and one cleaner), three managers (facility manager, acting clinical nurse manager, and regional manager), and a review of care plans identified that the service's model of care is resident and family/whānau centred and all confirmed their understanding of Māori rights.</p> <p>Five residents (four rest home and one hospital) interviewed, and three family/whānau (two hospital, and one rest home), confirmed that individual choices, independence, and cultural beliefs are respected.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The Radius Lexham Park annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided last in April 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. Residents interviewed stated they are supported and encouraged to maintain links within the community and to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. 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>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct document in the orientation package. There are policies documented that addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori.</p> <p>Radius has an established national cultural safety committee to ensure wellbeing outcomes for Māori are prioritised. Specific cultural values and beliefs are documented in the resident's care plans and this is the foundation of delivery of care, by using a strengths-based and holistic model of care, as evidenced in the resident centred care plans. The Māori health plan describes how care is provided based on the four cornerstones of Māori health 'Te Whare Tapa Whā.'</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The service has a policy on cultural responsiveness to Māori principles. The registered nurses interviewed demonstrated a good understanding of informed consent processes. Cultural training includes best tikanga guidelines.</p>

to exercise independence, choice, and control.		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and families/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, were addressed promptly. The facility manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is being maintained. Two complaints were lodged in 2021, two in 2022, and two in 2023 year to date, since the previous audit in June 2021. All complaints have been resolved and closed off, and no complaints from external sources have been received. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified.</p> <p>Discussions with residents and family/whanau confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at the entrance to the unit. Those making a complaint can involve an independent support person/advocate in the process if they choose to do so.</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</p>	FA	<p>Radius Lexham Park is part of the Radius Residential Care group. The service provides rest home, and hospital (geriatric and medical) levels of care for up to 63 residents. All beds are certified for dual purpose use.</p> <p>On the day of the audit there were 60 residents; 30 rest home</p>

<p>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>(including two younger adults on a younger person with disabilities (YPD) contract), and 30 hospital level residents (including two funded by ACC and two YPD). All residents except the YPD and ACC were on the age-related residential care contract (ARRC).</p> <p>Radius Strategic plan 2023-2028 describe the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan has clear business goals to support their philosophy of 'Caring is our calling'. There is a business continuity plan 2022-2023 with documented site-specific goals.</p> <p>The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning. The strategic plan describes annual goals and objectives that support outcomes to achieve equity for Māori. The national cultural committee and Māori advisor supports implementation of the business goals.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Radius Lexham Park are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activities team support residents to maintain links with the community.</p> <p>Tāngata whaikaha have meaningful representation through monthly resident meetings and annual satisfaction surveys.</p> <p>The facility manager has been in the role since February 2022, and has previous experience in health facility management and aged care. The facility manager is supported by a regional manager, a national quality manager and an acting clinical nurse manager. The acting clinical nurse manager has been in the role for four weeks and is an experienced nurse in the aged care setting (at Lexham Park for six years).</p> <p>The management team have maintained at least eight hours of professional development activities related to managing an aged care</p>
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		facility and other training.
<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>	FA	<p>Radius Lexham Park has procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the 2021 Standard. New policies or changes to policy are communicated and discussed with staff. Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Lexham Park is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings including clinical, staff, health and safety and infection control, document comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Monthly clinical meetings and staff meetings ensure good communication. Corrective actions are documented where indicated to address service improvements, with evidence of progress and closure when achieved. Quality data and trends in data are posted on a quality noticeboard, located adjacent to the staffroom.</p> <p>Resident and family/whānau satisfaction are completed annually. The surveys completed in 2022 reflect overall satisfaction of the service.</p> <p>The national quality manager benchmarks data against other Radius facilities and industry standards is analysed internally to identify areas for improvement.</p> <p>A risk management plan is in place. A health and safety team meets bimonthly, and they provide health and safety as a regular topic in the staff meetings. Actual and potential risks are documented on a hazard</p>

		<p>register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, reported to the regional manager, and a consolidated report and analysis of all facilities are then provided to the governance body monthly. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports using an electronic system are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms.</p> <p>Discussions with the facility manager and acting clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed since the previous audit to notify HealthCERT of registered nurse unavailability, and stage III or above pressure injuries. Two Covid-19 outbreaks were reported appropriately to Public Health.</p> <p>The service collects ethnicity data during the resident's entry to the service and reviews quality data in relation to improving health equity, through critical analysis of data and organisational practices.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (some night shifts) for hospital level care residents. At the time this audit was undertaken, there was a significant national health workforce shortage. It was noted that the service has attempted to mitigate the risk of this situation by utilising overseas trained nurses (awaiting New Zealand competency and registration), and senior HCAs acting as night shift duty leads on site, in addition to having experienced registered nurses on-call.</p> <p>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. The facility manager and acting clinical nurse manager are available</p>

		<p>Monday to Friday. They share an on-call roster with the RN staff.</p> <p>Interviews with HCAs, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. This includes staff completing a cultural competency. External training opportunities for care staff include training through Te Whatu Ora-Hauora a Toi Bay of Plenty and hospice.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-three HCAs are employed; with 20 having achieved a level 3 NZQA qualification or higher.</p> <p>The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Four RNs (including the acting clinical nurse manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</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</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. Five staff files reviewed included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks.</p>

<p>workers who are skilled and qualified to provide clinically and 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 to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Information held about staff is kept secure, and confidential in an electronic database. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>All enquiries and those declined entry are recorded on the pre-enquiry form. There were no Māori residents on the day of audit. Ethnicity, including Māori data, is being collected and the service collates and analyses data to show entry and decline rates, including specific data for entry and decline rates for Māori. The service has meaningful partnerships with Māori communities and organisations at a facility level, to benefit Māori individuals and whānau 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. Interviews with residents and families/whānau and review of records confirmed the admission process was completed in a timely manner.</p> <p>The service utilises the knowledge of Māori staff members to work in partnership with local Māori communities and organisations. The acting clinical nurse manager stated that Māori health practitioners and traditional Māori healers for residents and whānau who may</p>

		benefit from these interventions, will be consulted when required.
<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>	PA Low	<p>Five residents' files were reviewed; two rest home residents (including one YPD), and three hospital (including one ACC). The GP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team and allied health. The GP interviewed on the day of audit stated they were very happy with the communication from the facility and there was good use of allied health professionals in the care of residents.</p> <p>The acting clinical nurse manager reported that sufficient and appropriate information is shared between the staff at each handover (viewed). Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There were 26 wounds at the time of the audit. This included six stage I, and one stage II pressure injuries. Adequate dressing supplies were sighted in the treatment room. Where wounds required additional specialist input, this was initiated, and Te Whatu Ora - Hauora a Toi Bay of Plenty wound nurse specialist was consulted. The electronic wound care plan documents assessments, wound management plan, and evaluations are documented with supporting photographs.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the clinical coordinator and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>All care planning documentation for resident entry into the service</p>

		<p>was completed as per policy timeframes. The ACC and YPD residents (no interRAI) had relevant assessments and an initial care plan completed within 24 hours of admission. Interventions are recorded to a level of detail to guide staff in the care of each resident. There is a process for person centred care plans to be reviewed following interRAI reassessments; however, four of the five resident files sampled (two rest home, two hospital) did not have a six-monthly review completed during a 12-month period. The service had initiated a corrective action plan and the reviews had been brought up to date at the time of audit. Te Ara Whakapiri is implemented for last days of life. All monitoring charts for two-hourly turns, blood pressure, weight loss, blood sugar levels and fluid balance had been completed as required. Incident/accident reports reviewed evidenced timely follow up by an RN and communication with families/whānau. Opportunities to minimise future risks are identified by the acting clinical nurse manager in consultation with the RNs and HCAs.</p> <p>Where progress was different from expected, the service, in collaboration with the resident and EPOA/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The families/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>There were no Māori residents present on day of audit. Staff interviewed described the health care plan which reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these are documented. The staff confirmed they understood the process to support residents and whānau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>The activities programme is conducted by two diversional therapists and an activities coordinator who lead and facilitate the activities for the two levels of care provided. The activities team reported that the</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>service supports community initiatives that meet the health needs and aspirations of Māori and whānau, and gave examples of group/community plantings according to the Māori lunar calendar. Residents and family/whānau interviewed felt supported in accessing community activities, such as celebrating national events, Matariki, Anzac holidays, and Māori language week. Māori words and signage are used, and crafts include harakeke (flax) weaving, and poi making. Other activities included church services and bible reading. The planned activities and community connections are suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Van trips are conducted.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (electronic) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checks medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>A total of 10 medicine charts were reviewed. Allergies are indicated, and all residents' photos were current. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements. Efficacy of PRNs medication is documented in the progress notes and evidence of this was sighted.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective</p>

		<p>actions were acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. Residents' medications are stored securely, and these are checked regularly. The registered nurse was observed administering medications safely and correctly in the hospital wing. Medications were stored safely and securely in the trolley in the locked medication room. There was one resident self-administering medications on the day of the audit. All processes on managing residents who self-medicate have been completed, and safe storage in the resident's room was sighted. No standing orders are in use, and no vaccines are stored on site.</p> <p>The medication policy clearly outlines those residents, including Māori residents and their family/whānau, are supported to understand their medications. This was confirmed in interviews with the clinical nurse manager and the RN.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The kitchen manager stated that menu options are culturally specific to te ao Māori/cultural. Rewena bread, hangi and Island food were included on the menu, and these are offered to Māori and Pacific residents when required. Whānau/family are welcome to bring culturally specific food for their family/whānau. The interviewed residents and whānau/family expressed satisfaction with the food portions and options.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and</p>	FA	<p>A standard transfer notification form from Te Whatu Ora - Hauora a Toi Bay of Plenty is utilised when residents are required to be transferred to the public hospital or another service. Residents and their whānau/family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records</p>

<p>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>to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p> <p>Interviews with the acting clinical nurse manager, registered nurses and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a planned and reactive maintenance programme in place, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 21 October 2023. The service has a full-time maintenance manager, who is available Monday to Friday and on call. Gardening is carried out by contractors. There are essential contractors who can be contacted 24 hours a day, every day. Repairs and maintenance requests are generated through a maintenance log and checked off once completed by the maintenance person.</p> <p>The planned maintenance schedule includes electrical testing and tagging, equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. Facility air temperatures are completed, including the nursing treatment rooms.</p> <p>Management advised future Radius developments would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are held six-monthly. The building is secure after hours and staff complete security checks at night. The front door closes in the evening and visitors are instructed</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>to press the doorbell for entry after this time.</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. 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>	<p>FA</p>	<p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service displays infection prevention information in te reo Māori in various locations throughout the facility. The infection prevention personnel and 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. 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>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers and at monthly staff meetings. The acting clinical nurse manager reported that the GP is informed in a timely manner when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced.</p> <p>There have been two Covid-19 outbreaks (July 2022 and May 2023) since the previous audit. This was managed effectively with support and advice from Te Whatu Ora-Hauora a Toi Bay of Plenty and Public Health.</p> <p>The service includes ethnicity data in the surveillance of healthcare-</p>

		associated infections.
<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>The business plan and restraint policy documents organisational commitment to maintain a restraint-free environment. An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation. The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The restraint coordinator is a registered nurse, who with the support of the acting clinical nurse manager, provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A process is in place for the records of residents requiring restraint, which includes assessment, consent, monitoring, and evaluation.</p> <p>The GP at interview confirmed involvement with the restraint approval process when there are restraints. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered. On the day of the audit, there was one resident utilising a restraint (bed rail). Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with the management, registered nurses, and HCAs. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</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 Low	As per the ARC contract with Te Whatu Ora – Hauora a Toi Bay of Plenty, an aged care facility providing hospital level care is required to always have at least one registered nurse on duty; however, the service has been unable to provide a registered nurse on site for some night shifts for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising overseas trained nurses (awaiting New Zealand competency and registration), and senior HCAs acting as night shift duty leads on site, in addition to having experienced registered nurses on call.	The service does not have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p>	PA Low	There is a process for person-centred care plans to be reviewed following interRAI reassessments; however, four of the five resident files sampled	Four of the five resident files sampled (two rest home, two hospital) did	Ensure care plan reviews are completed as per policy

<p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>(two rest home, two hospital) did not have a six-monthly review completed during a 12-month period. The service had initiated a corrective action plan and the reviews had been brought up to date at the time of audit.</p>	<p>not have a six-monthly review completed during a 12-month period.</p>	<p>timeframes.</p> <p>90 days</p>
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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.