

Arran Court Limited - Arran Court Rest Home and Hospital

Introduction

This report records the results of a Provisional 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Arran Court Limited
Premises audited:	Arran Court Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 5 December 2023 End date: 6 December 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:	94

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 tātou 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.

General overview of the audit

Radius Arran Court is owned and operated by Radius Residential Care Limited. The service provides hospital (medical and geriatric), rest home and dementia level of care for up to 102 residents. On the day of the audit there were 94 residents.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand – Waitemata. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The facility manager is a registered nurse who is new to aged care and been in the role for eleven months. The facility manager is currently being supported by the acting roving clinical nurse manager and office manager. These roles are supported by the Radius regional manager and a national quality manager.

This provisional audit has identified shortfalls in relation to communication with family, annual appraisals, timely evaluation of resident goals, and training for healthcare assistants working in the dementia unit.

The prospective buyer is an experienced aged care provider with three care facilities in Auckland. The owners have an existing suite of policies as part of their quality system and will transition the service to this system. Two of the prospective owners are registered nurses and will support the clinical management as well as provide administrative, human resource management, quality oversight and training support.

Ō tātou motika | Our rights

Radius Arran Court provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Radius Arran Court provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

The business plan includes a mission statement and operational and clinical objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety system is in place. Health and safety processes are

embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated at facility level, reported to the regional manager and a consolidated report and analysis of all Radius facilities are then provided to the Board each month.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Handovers between shifts guide continuity of care and teamwork is encouraged.

The activity programme is overseen by a diversional therapist. The activity team, and programme provide residents with a variety of individual, group activities and maintains their links with the community. The dementia unit's activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. All meals are prepared on site by an external contractor. The service has a current food control plan. The organisational dietitian reviews the menu plans. Residents and family confirmed satisfaction with meals provided. There are snacks available 24/7.

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

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

The building holds a current building warrant of fitness certificate. There is an annual maintenance plan that includes electrical compliance testing, call bell checks, calibration of medical equipment, hot water temperatures and appropriate pest control management. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are all single with some having their own ensuites or shared facilities. There are communal shower rooms and toilets with privacy locks. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate. The dementia unit is secure at all times. Appropriate security measures are implemented.

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

A suite of infection control policies and procedures are documented. There is a comprehensive pandemic plan. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board.

The clinical nurse manager is the infection control coordinator. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practices through meetings, and education sessions.

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and specific on-site laundry duties. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Radius Care has a documented commitment to eliminate restraint in all their facilities. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were two residents using restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality, staff, and clinical meetings. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations.

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	25	0	4	0	0	0
Criteria	0	175	0	5	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.

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>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori. Radius is committed to respecting the self-determination, cultural values, and beliefs of Māori residents (if any) and family/whānau and the resident care plan will include a Māori Health care plan based on Te Whare Tapa Whā. Links are established with the Māori community through staff and the family/whānau who identify as Māori. Further to this the clinical nurse manager (CNM) is working to develop Māori links and relationships further and has an action plan for this. Cultural assessments are in place and will be completed for residents who identify as Māori.</p> <p>The Radius strategic plan and Māori Health Strategy document support strategies to increase Māori capacity by employing and recruiting Māori staff at Radius Arran Court. The business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were no staff members who identify as Māori. Radius is supporting Māori staff to succeed in the workplace. Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Interviews with twenty-one staff (11 healthcare assistants</p>

		(HCA), four registered nurses (RNs), two cleaner/laundry assistants, one maintenance person, three activities coordinators) and four managers (facility manager, office manager, roving clinical nurse manager, national quality manager) and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.
<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 health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</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.</p> <p>On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit and the facility manager confirmed that the residents' family/whānau will be encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>Radius Arran Court partners with their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. The Health and Disability Commissioner's (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pasifika languages.</p> <p>The service is actively recruiting new staff. There are currently staff employed that identify as Pasifika. The facility manager described how Radius increases the capacity and capability of the Pacific workforce as described in the business 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</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical nurse manager or RN discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, and te reo Māori.</p> <p>Discussions relating to the Code are held during the two-monthly</p>

<p>a way that upholds their rights and complies with legal requirements.</p>		<p>resident meetings which families are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Church services are held weekly. Staff have completed cultural training which includes Māori rights, Māori model of care and health equity. The service recognises Māori mana motuhake, which reflects in the Radius Arran Court business and quality plan for 2023-2024 and Radius Māori health Strategy.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Interviews with nine residents (seven rest home and two hospital) and twelve family/whānau (six relatives of hospital level younger residents, three rest home and three dementia) confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>The prospective purchaser described at interview their aged care experience and familiarity with the Code and associated responsibilities.</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>Healthcare assistants and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over their choice and personal matters including choice over activities they participate in and who they socialise with.</p>

	<p>The Radius annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity, respect and spoke to in a courteous manner. Satisfaction surveys are completed annually to survey resident satisfaction in relation to upholding resident's rights and privacy.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit their family/whānau. The younger residents interviewed by the consumer auditor commented staff attended to their needs in a timely manner.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>The facility manager confirmed that cultural diversity is embedded at Radius Arran Court, and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga Māori flip chart is available for staff to use and te reo resources are available on the education platform.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care and tikanga 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>The abuse and neglect policy is being implemented. Radius Arran Court policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. 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 policy. The code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. The Radius Māori Health Strategy includes strategies to abolishing institutional racism. Te Whare Tapu Whā is recognised, and care plans evidence resident focussed goals and reflects a person-centred model of care.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and healthcare assistants (HCAs) confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The staff engagement survey for 2023 has not been completed.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	<p>PA Low</p>	<p>Information is provided to residents/family/whānau on admission. Resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any adverse event that occurs. Electronic</p>

<p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. This is also documented in the progress notes. Fifteen accident/incident forms reviewed identified family/whānau were not always informed, and this was confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice and Te Whatu Ora Health New Zealand –Waitemata specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The roving clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes through regular communication and newsletters. Resident meetings are held monthly with an independent Aged Concern advocate facilitating the meetings.</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</p>	<p>FA</p>	<p>Resuscitation Management, Resident Representative, Enduring Power of Attorney (EPOA) policies guide staff around informed consent processes. The resident files reviewed included signed general consent forms. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p>

<p>individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The informed consent audit completed in June 2023 evidenced compliance and resuscitation orders are completed and reviewed as per the Resuscitation management policy.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of EPOAs were on resident files where applicable. Where an EPOA has been activated an activation letter and incapacity assessment was on file, this includes the files reviewed of residents in the dementia unit.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC).</p> <p>There is one open HDC complaint from January 2022 awaiting final resolution. There have been twenty-nine complaints have been lodged since the previous audit, many of these were verbal and were resolved quickly. There were no identified trends. Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the facility (staff and quality) meetings as evidenced in meeting minutes sighted. Higher risk complaints are managed with the support of the regional manager.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of</p>

		<p>avenues they can choose from to make a complaint or express a concern. Resident meetings are chaired by an independent resident advocate where concerns can be raised. During interviews with family/whānau, they confirmed the facility manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist future Māori residents in the complaints process. The complaints management procedure ensures Māori residents are supported to ensure an equitable complaints process. The facility manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Arran Court Rest Home and Hospital has a total of 102 beds and is certified for rest home, hospital (including medical), dementia level of care and residential disability - physical. Eighty-two beds are dual-purpose. At the time of the audit there were 94 beds occupied: 25 rest home residents including one long term support-chronic health care (LTS-CHC) contract and one resident on a respite contract. There were 53 residents at hospital level of care including nine residents with younger persons with disability (YPD) contracts and three residents funded by Accident and Compensation Corporation (ACC). The dementia unit had 16 residents which included one person with a LTS-CHC contract.</p> <p>Radius strategies describe the vision, values, and objectives of Radius aged care facilities. The overarching Radius Care strategic plan 2023-2028 has clear business goals to support their philosophy 'Caring is our calling'. The 2023-2024 Radius Arran Court business plan describes specific and measurable goals that are regularly reviewed and updated. These site-specific goals relate to business and services; leadership and management; financial leadership and management; risk management and marketing; advertising, and promotion; and clinical quality goals related to safe medication management, compliance of clinical documentation, infection control and antimicrobial stewardship and continuation of the restraint free environment. Goals are regularly reviewed, evidenced in monthly</p>

		<p>reporting.</p> <p>The national quality manager and regional manager interviewed confirmed there have been no changes to the governance. The Governance Board consists of the Radius managing director/executive chairman and four professional directors, each with their own expertise. A Māori health strategy is actioned at Board level. There is a Māori cultural advisor to the board to advise on any issues requiring cultural oversight and direction. The terms of reference for the Radius Governance Body adheres to a documented agreed terms and reference. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori as documented in the strategic plan.</p> <p>The chief executive officer (CEO) is responsible for the overall leadership of the management team. As part of the CEO's role, responsibility for the operations lies with senior management team of Radius Residential Care. The weekly and monthly reporting structure informs the CEO and Board of operations across the organisation. Ethnicity data is captured electronically at facility level and a three-monthly report is generated for the National Cultural Committee to review. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity and outcomes for all residents.</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 Arran Court are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for whānau are provided through general feedback to participate in the planning and implementation of service delivery. There is a National Cultural committee that meets three monthly to consider how decisions best reflect a cultural response to strengthen Māori influence.</p> <p>Clinical governance is overseen by the organisation's national quality</p>
--	--	---

		<p>manager and the risk and compliance manager, includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI's). These outcomes and corrective actions are discussed at the compliance and risk meeting led by one of the Board members. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved.</p> <p>The facility manager is new to the role for eleven months and is a RN. The facility manager is supported by a regional manager, the Radius national quality manager. On the days of the audit the clinical nurse manager was on leave and the roving clinical manager was supporting the clinical nurse leader who was new to their role (appointed in September 2023).</p> <p>The facility manager and the clinical manager have completed other professional development activities in excess of eight hours annually, related to managing an aged care facility.</p> <p>The prospective buyer has an existing suite of policies as part of their quality system and will transition the service to this system. Two of the prospective owners are RNs and will support the clinical management as well as provide administrative, human resource management, quality oversight and training support. The prospective owners are not planning any changes to rostering/staffing and clinical management and intend to speak with staff and family/whānau regarding this as soon as they are able to. The transition plan includes timeframes for reviewing currently outsourced services and possibly provide them onsite - this will require considerable input and planning which they have existing skills and experience in. The potential date of take-over will be as soon as practicable after the completion of the process which includes this audit</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p>	<p>FA</p>	<p>Radius Arran Court is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors,</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>infections, skin integrity/tears, complaints, restraints).</p> <p>A range of monthly meetings (eg, triangle of support, staff/quality, RN/restraint, health and safety) provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staff room. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis including benchmarking, feedback through residents' meetings and complaints management provides an avenue for critical analysis of work practices to ensure health equity.</p> <p>Quality improvement plans have been documented and include progress and monitoring on contractual requirements for completion of interRAI following an internal audit; medication errors following a quality review of medication management. The facility implemented an electronic medicine management system in September 2022.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. The service developed and implemented Unleash EPEC (exceptional people, exceptional care) training for international qualified nurses (IQN) and RNs. Cultural safety is embedded in the quality system. Tāngata whaikaha have meaningful representation through resident meetings and six-monthly care conferences.</p> <p>The results of the 2023 resident and family/whānau satisfaction survey results have had very low response numbers and there is a corrective action plan in place to increase responses rates; however, the results evidence overall satisfaction with the services provided. Residents, family/whānau and staff received the results.</p> <p>There are 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</p>
--	--	--

	<p>facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the national quality manager and have been updated with further updates required to meet Ngā Paerewa 2021 Health and Disability Standard. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety team, led by the health and safety representative, meets monthly. One health and safety representative was interviewed and confirmed they all received external training for their role. Hazard identification forms and an up-to-date hazard register were reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff/quality and health and safety meetings. Staff incidents, hazards and risk information is collated at facility level, reported at company level by the support office to the operations management team and a consolidated report of the analysis of facilities are provided to the board.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Radius facilities. These results have been consistent. Ethnicity data is linked to benchmarking data. The electronic resident management system escalates alerts to Radius senior team members depending on the risk level. Results are discussed in meetings and at handover. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with RNs and HCAs. Internal audit on accident and incident reporting was completed September 2023 evidence full compliance.</p> <p>Discussions with the facility manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications have been completed to notify HealthCERT of RN shortages since last audit (in April to June 2023) and three for a pressure injuries. Public Health authorities have been notified in relation to one Covid-19 outbreak in May 2023.</p> <p>The prospective owner has established and implemented quality and risk management programmes that they plan to implement. It is anticipated this will have minimal impact. Two of the prospective</p>
--	--

		<p>owners are RNs and will support implementation of the quality programme, benchmarking, and analysis. All policies and procedures have been updated to align with 2021 Ngā Paerewa Services Standard and will be transitioned across.</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 an acuity and clinical staffing ratios policy that describes rostering and staffing ratios. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Radius has developed a virtual RN role which includes a team of RNs working remotely from their place of residence, providing virtual support.</p> <p>Radius recruitment strategies and initiatives to attract international qualified nurses (IQN) have been successful. Radius implemented their own Radius staff agency to provide staff to their own facilities and other organisations. There are no current RN vacancies.</p> <p>All RNs, the activities team and maintenance person hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>There are four RNs across the service on morning shift (two in the hospital, one in the rest home/serviced apartments and one in the dementia unit) and two RNs in the afternoon overseeing the dementia unit and one RN for the night. The RNs are supported by medication competent level four healthcare assistants.</p> <p>Healthcare assistants reported staffing is adequate. The roster reviewed for the last three weeks were fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The facility manager interviewed confirm call bell reports are regularly reviewed to ensure timely attendance to residents` needs.</p> <p>The facility manager and the clinical nurse manager work full-time (Monday to Friday). The RNs on shift manage most of the queries and staffing cover with the clinical nurse manager and facility manager providing support out of hours.</p> <p>The Māori health plan includes objectives around establishing an</p>

	<p>environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. This includes staff completing a cultural competency. External training opportunities for care staff include training through Te Whatu Ora- Waitaha Canterbury and the Nurse Maude service.</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. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning about and address inequities.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-three healthcare assistants are employed and forty-four hold the national certificate in health and wellbeing level three and four with two with a level two qualification. Radius supports all employees to transition through the NZQA certificate in health and wellbeing. There are ten HCAs employed and working in the dementia unit, only one of these have completed the relevant dementia standards as per clause E4.5.f of the aged-related residential service agreement 2023-2024. The RN overseeing the dementia unit has experience and training in the care of older people with dementia and the ageing process.</p> <p>A training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. All RNs have attended in-service training which included medical conditions specific to the current residents. Six RNs including the clinical nurse manager are interRAI trained.</p> <p>All HCAs are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, hand hygiene and cultural competencies. A selection of healthcare assistants completes annual medication administration competencies. A record of completion is maintained on an electronic human</p>
--	---

		<p>resources system.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals. Staff wellness is encouraged through participation in health and wellbeing activities and initiatives. Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers and workplace initiatives are encouraged.</p> <p>The prospective owners have stated there are no immediate plans to make any staff changes. They plan to provide all staff with education and training consistent with their current education and training plan.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Human resources policies are in place, including recruitment, selection, orientation, and staff training and development. Staff files are on an electronic human resources system. Nine staff files reviewed (three HCAs, one cleaner/laundry assistant, one RN, facility manager, roving clinical manager, one clinical team leader, one maintenance person) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff have a three-monthly appraisal following their period of orientation, followed by annual performance appraisals; however, not all performance appraisals were completed as per the appraisal schedule.</p> <p>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. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and healthcare</p>

		<p>assistants to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a clinical records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Radius business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration</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</p>	FA	<p>On enquiry, an information booklet detailing entry criteria is provided to prospective residents and their family/whānau. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>The service has a process in place if access is declined, should this</p>

<p>care. 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>occur. It requires that when residents are declined access to the service, residents and their family/whānau and the referring agency are informed of the decline to entry. Alternative services (when possible) are to be offered and documentation of reason in internal files. The resident would be declined entry if not within the scope of the service or if a bed were not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service.</p> <p>The admission entry and declining policy requires the collection of information that includes (but is not limited to); ethnicity, spoken language, interpreter requirements, iwi, hapu, religion, and referring agency. Interviews with residents and family/whānau and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity is being collected and analysed by the service. The clinical nurse manager described having access to Māori service providers through Te Whatu Ora- Waitemata. The RNs described how they support residents to maintain their relationships in the community.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Ten electronic resident files were reviewed; four rest home level including one resident funded by respite and one LTS-CHC, four hospital including one YPD and one ACC and two files of residents in the dementia unit.</p> <p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans.</p> <p>All residents have admission assessment information collated and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plan development and reviews have been completed within the contractual required timeframes for all long-term residents inclusive of the residents on YPD, ACC and LTS-CHC contracts.</p> <p>A suite of risk assessments are available on the electronic system.</p>

	<p>Appropriate risk assessments are conducted on admission. A cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments were reflected into care plans. The care plans identify resident focussed goals, recognise Te Whare Tapa Whā and reflects a person-centred model of care. The care plans identify key assessed risks, including medical risks and initial interventions reflective of interRAI assessments describe in detail all support required to address assessed needs. Care plans are holistic and align with the model of care.</p> <p>Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others form the basis of the long-term care plans. The service supports Māori and family/whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Residents in the dementia unit all have a behaviour assessment and a behaviour plan with associated risks and supports needed and includes strategies for managing/diversion of behaviours over a 24-hour period. The activities (leisure) care plan includes residents' preferences and general routines to assist in managing behaviours.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. A GP provides medical support to the facility. The GP visit twice a week and as required. The GP interviewed was complimentary of the care, communication, and the quality of the service provided. The GP stated they felt the RNs communicated effectively and provided them with clinical information to inform decision making. Referral to GP and specialist services was action promptly. The GP has remote access to the electronic resident management system and the medication charts.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice nurse and wound care nurse specialist is</p>
--	--

	<p>available as required through the local Te Whatu Ora -Waitemata service. The physiotherapist visits the facility weekly.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit. Healthcare assistants complete task lists that reflect within the progress notes on every shift. When changes occur with the resident's health, and these are reflected in the electronic progress notes to provide an evolving picture of the resident's journey. The RNs document progress notes at least daily. There is regular documented input from the GP and allied health professionals. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health including infections, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family /whānau.</p> <p>There were thirty-five wounds across the service including one stage two, one stage three and two unstageable pressure injuries. Assessments and wound management plans including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There have been education sessions held around wound care and pressure injury prevention and management.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources as sighted during the audit. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts including observations neurological observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; intentional rounding; blood sugar levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers</p>
--	---

		<p>and patterns. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. However, a number of neurological observations have not been routinely completed for unwitnessed falls as part of post falls management and family had not always been informed of the fall.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment; however, not all care plan evaluations identify if the resident goals had been met or unmet. Long-term care plans have been updated following the six monthly multidisciplinary (MDT) meeting and to reflect the interRAI reassessment, or sooner when changes have occurred. Family/whānau are invited to attend the care plan review meeting.</p> <p>Short term issues such as infections, weight loss, and wounds are addressed in an electronic short-term care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The residents' activities programme is implemented by a team of one recreational coordinator (who is a qualified diversional therapist) and two full time activities coordinators.</p> <p>They cover all units Monday to Friday and healthcare assistants (HCA) assist at weekends. The residents from the dementia unit are included in various group activities with hospital and rest home resident groups. There are a wide range of activity resources available in both the dementia unit and the dual-purpose units for HCAs to access for residents. A selection of movies are available for residents. The activities programme is displayed on a noticeboard in the communal areas and on individual resident noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the activities staff occur regularly. An outing is organised weekly and regular visits from community visitors occur. Bible group and communion church services are held weekly, and multi-denominational services are also available.</p>

	<p>Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. One of the coordinators has affiliations with the local Pacific Church and community. There have been Māori weaving activities, and kapa haka groups have visited. During the Matariki celebrations, staff from the external catering company provided Māori food. Waiata volunteer group visited and sang for the residents on the day of audit.</p> <p>A number of YPD residents are independent and participate with community activities such as the deaf club and a resident is taken out three times a week by a support worker to sites of interest as indicated by the resident including the museum, hairdressers, and shopping.</p> <p>The residents' activities assessments are completed by the recreational officer and activity coordinators in conjunction with the RN on admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment and resident profile which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>Residents in the secure dementia area have 24-hour activity plans which include strategies for distraction and de-escalation. The dementia unit's activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities including a rotating 14 week cognitive stimulation therapy program (Friendship group), domestic like chores and pet therapy. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>The residents and their family/whānau reported satisfaction with the activities provided, as did the resident advocate interviewed. Regular resident meetings are held and include discussion around activities.</p>
--	--

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</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>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities have been recorded on the electronic medication chart, and all medication charts have current photo identification.</p> <p>In the event of a medication error, the CTL /CNM ensures the staff member completes a reflection and that part of the competency is reviewed. Medication processes are discussed regularly at staff meetings to ensure process is followed and to remind staff not to interrupt the staff member administering medications. The CNM completes regular medication audits. There have been no serious medication errors.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications are stored securely in accordance with requirements. The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files. Education for residents regarding medications occurs on a one-to-one basis by the CNM or RN. Medication information for residents and family/whānau can be accessed online as needed.</p> <p>There were no residents self-administering medication on the day of the audit. There are documented procedures in place around safe self-administration. There are no vaccines stored on site, and no</p>
---	-----------	---

		<p>standing orders are used. The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by the GP. Interviews with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau. Clinical staff identify any difficulties for residents in accessing medication, and support residents to access it, this includes Māori and family/whānau.</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>	<p>FA</p>	<p>Food services at Radius Arran Court are provided by an external catering company. All food and baking are prepared onsite. The external catering company employ all kitchen staff. The facility employ staff who deliver the morning and afternoon tea and serve meals.</p> <p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents’ dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident’s dietary needs change. Diets are modified as needed and the kitchen manager interviewed confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>Meals are plated in the kitchen and transported in hotboxes to the dining rooms and dementia unit and any residents choosing to have their meals in their rooms and is served by healthcare assistants.</p> <p>The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian and reviewed April 2023. The food control plan is current is in place expiry date 16 December 2023. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and</p>

		<p>the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer is electronically monitored through an electronic platform. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview the two food service directors (chef manager was unavailable on the day of audit) were familiar with the concepts of tapu and noa. The directors described the cultural menu as outlined on the current seasonal menu and discussed occasions where the service has provided culturally appropriate meal services and plans to provide cultural appropriate food for Matariki celebrations. Snacks are available all day and special utensils are available to use.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings (family/whānau invited) and in the annual residents' survey. Residents and family/whānau interviewed stated that they were satisfied with the meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a Radius discharge, transition, and transfer policy. Transition, exit, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the roving clinical nurse manager, CTL and RNs, and review of residents' files confirmed there is open communication</p>

		<p>between services, the resident and the family/whānau. Relevant information is documented and communicated to health providers. A verbal handover is provided, and the facility utilise the yellow envelope Te Whatu Ora transfer documentation system to ensure consistency of transfer processes.</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>There is a building warrant of fitness certificate that expires on 8 December 2023 application and renewal has been completed, another certificate will be available from this date. There is a full-time maintenance person responsible for implementing the annual organisational maintenance programme. Maintenance requests are logged through the electronic system and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures and appropriate pest control management. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available as required. Healthcare assistants and registered nurses interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>All outdoor areas are well maintained and are accessible and safe for residents' use, seating and shade are provided. There is access to a circular safe pathway for residents to wander safely. All bedrooms and communal areas have sufficient natural light and ventilation. There is underfloor heating throughout the facility. The temperature was a good ambient temperature on the day of the audit.</p> <p>There is a centrally located kitchen with chiller room and pantry from which food is delivered to the units via hotboxes. Located in the basement area, is a laundry, staff room, housekeeping and maintenance room.</p> <p>Dual Purpose units, rest home/ hospital, which includes Bethels 35 rooms, Piha 18 rooms and Karekare 29 rooms.</p> <p>All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where required. The external courtyards and</p>

		<p>gardens have seating and shade. There is safe access to all communal areas.</p> <p>There are a mix of resident rooms with a full ensuite, ensuite toilets and access to shared toilet and bathrooms. There were sufficient numbers of resident communal bathrooms and toilets in close proximity to resident rooms and communal areas. The communal toilets and showers were well signed and identifiable and included large vacant/in-use signs. Visitor toilet facilities are available. Residents interviewed stated their privacy and dignity were maintained while attending to their personal cares and hygiene.</p> <p>There are four main lounge areas, which are utilised for dining and activities and one large, dedicated dining room with kitchenette. There is outdoor access throughout all the communal areas. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. There are three nurses' stations with a secure medication room adjacent.</p> <p>Dementia unit:</p> <p>The dementia unit resident rooms are all single occupancy with toilet and handbasins. There are two communal toilets and showers.</p> <p>The is a large and small lounge area both of which have access to the courtyard and a secure outside area where residents are free to wander. The unit has a dining room/kitchen area with adequate space for residents to move around. Seating and space are arranged to allow both individual and group activities. There is a smaller lounge and whānau room available. On the day of the audit, residents were observed moving around the facility and utilising the outdoor areas. There is a nurse's station with a secure medication room adjacent.</p> <p>The prospective purchaser has no plans to change the building and is aware of their obligations to consult with Māori should this be considered in the future.</p>
Subsection 4.2: Security of people and workforce	FA	Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation

<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>requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The emergency planning includes business continuity plans in case of an emergency/disaster.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (1 Dec 2021). A recent fire evacuation drill has been completed 28 August 2023 and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies(sighted) are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage there is back-up, BBQ and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores (bottled and tank water) to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms and ensuite, communal toilets, shower rooms and lounge/dining room areas. Sensor mats are used for fall prevention management. These are audible and are displayed on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells near to them. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors are alarmed and monitored by closed circuit television. The dementia unit is secure at all times.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	<p>FA</p>	<p>Infection control reports are discussed at the staff/quality meetings. The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>prevention and control programme.</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the national clinical team, the GP, and the Public Health team. External resources and support are available through external specialists, microbiologist, GP, wound nurse, and Te Whatu Ora- Waitaha Canterbury when required. Overall effectiveness of the programme is monitored by the facility management team. The roving clinical manager is the acting infection control coordinator. A documented and signed role description for the position is in place.</p> <p>There are adequate resources to implement the infection control programme at Radius Arran Court. The infection control coordinator is responsible for implementing the infection control programme, liaises with the infection control committee who meet monthly as part of the staff/quality meeting and as required.</p> <p>Infection control reports are discussed at the staff/quality meetings. The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired infection (HAI); and the built environment.</p> <p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and AMS programmes are reviewed annually and is linked to the quality and business plan.</p>

		<p>Infection prevention and control resources including personal protective equipment (PPE), were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Radius has an organisational pandemic response plan in place which is reviewed and tested at regular intervals. The infection control coordinator and infection control committee have input when infection control policies and procedures are reviewed.</p> <p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection control nurse has access to an online training system with resources, guidelines, and best practice. The infection control nurse has completed infection control audits.</p> <p>At site level, the facility manager and infection control coordinator have responsibility for purchasing consumables. All other equipment/resources are purchased at national level. Infection control personnel have input into new buildings or significant changes, which occurs at national level and involves the head of resident risk and the regional managers. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through handwashing, sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection control and staff are trained in cultural safety.</p>
--	--	---

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at quality meetings.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Further discussion takes place at senior management level and is reported to the Board. Trends are identified both at site level and national level. Feedback occurs from national senior management level.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the infection control, quality, and staff meetings. Meeting minutes are available to staff. Ethnicity data is included in benchmarking of infection control data at national level. Review of benchmarking data shows that Radius Arran Court has consistently had low infection data rates compared to other Radius facilities. Specifically with urinary tract infections, the service has ensured good practice such as extra fluid rounds, perineal hygiene practices and resident and staff education around prevention strategies.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are</p>

		<p>processes in place to isolate infectious residents when required.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>There has been one Covid-19 outbreak in May 2023. The outbreaks were managed effectively. Outbreak meetings occurred regularly. Staff were working in bubbles with no sharing of staff in areas that had infectious residents. Residents and family/whānau were updated regularly through the outbreaks. Staff continue to do rapid antigen tests (RAT) on themselves, and residents as clinically indicated.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Visitors to the facility are scanned for temperature monitoring and record keeping of all incoming and outgoing visits is maintained.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements Radius waste management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, laundry/cleaner's room. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas. There is a sluice room in each of the units with sanitisers and adequate supplies of PPE, including eye wear.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line</p>

		<p>system according to the cleaning procedure. There are designated locked room for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety training.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. All resident's clothing and items are laundered off site by a contracted laundering service company. Kitchen linen and mop heads are laundered on site. Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process. Residents' clothing is labelled, received in mesh bags and personally delivered to their rooms. Residents and family/whānau confirmed satisfaction with laundry services in interviews and in satisfaction surveys. Any concerns that arise are immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team. There were no construction, installation, or maintenance in progress at the time of the audit. Infection control internal audits are completed by the infection control coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. The RCNM supports the restraint coordinator (RN) and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint elimination and implementation across the organisation. The organisational plan evidence a Radius Care commitment to be restraint free by 2024. The reporting process to the governance body includes restraint data that is gathered and analysed monthly. A review of the files for the two residents (both bedrails and lap belts) requiring restraint included assessment,</p>

		<p>consent, monitoring, and evaluation. Residents with restraint and their family/whānau are involved with the restraint oversight.</p> <p>The GP at interview confirmed involvement with the restraint approval process. 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, two residents (hospital level) were using restraint, each had a lap belt and bedrails.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination. Training for all staff occurs at orientation and annually. This includes a competency assessment.</p> <p>Radius Arran Court completes audits related to restraints, with the last completed in October 2023. Restraints are discussed in the clinical/quality and staff meetings.</p> <p>The prospective buyers are committed to minimising the use of restraint and will support clinical staff in working towards this.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. Two files were reviewed of residents using restraint evidenced assessment, monitoring, evaluation, family/whānau and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff taking into consideration wairuatanga. Alternatives to restraint include low beds, and sensor mats. Restraint charting includes the restraint method approved, when it should be applied, frequency of monitoring and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process.</p>

		<p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with Radius policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality, staff, and clinical meetings.</p> <p>All restraints are reviewed and evaluated as per Radius policy and requirements of the standard. Use of restraints is evaluated three-monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings and at the Radius national restraint committee meetings. A procedure is documented for emergency use of restraint. Emergency restraint has not been required, staff interviewed were aware of what this is and where to access the policy. Staff at Radius Arran Court are provided with debrief opportunities with senior staff or external support.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. The restraint committee meet on a regular basis to review restraints. Restraint is also discussed at the three-monthly GP reviews.</p> <p>A comprehensive assessment, approval, monitoring process, with regular reviews occurs at an individual level for restraints in use. This was confirmed through the review of the resident files, restraint assessment, restraint monitoring records, progress notes and restraint evaluation records. Documents showed family/whānau involvement as part of the restraint assessment, evaluation, and case conference record (where the use of restraint is discussed). Access to advocacy is facilitated but has not been identified as necessary to date. Staff monitor restraint related adverse events while restraint is in use. There has been no restraint related incidents reported.</p> <p>A formal review of the use of restraint within the facility is undertaken</p>

		<p>and reported to the RN/quality meetings, as sighted in the meeting records. Each month the number of restraints is reviewed at the support services office, analysed, and reported to Radius service governance. During interview with the Radius quality manager confirmed that benchmarking of restraint is completed for all Radius facilities and the information is shared with managers and restraint coordinators in the facilities.</p> <p>Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (including RNs and HCAs), confirmed that the use of restraint is only used as a last resort.</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 1.6.3</p> <p>My service provider shall practise open communication with me.</p>	PA Low	A range of files were reviewed and family/whānau were notified of events occurring around the facility through newsletters and are invited to meetings. Family/whānau interviewed reported they were updated following GP consultations, and this was documented in resident files; however, not all incident reports reviewed evidenced family/whānau were notified following incidents.	Seven of fifteen incidents reviewed did not have family/whānau notifications regarding falls.	<p>Ensure family/whānau are notified regarding falls and other incidents.</p> <p>90 days</p>
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and</p>	PA Low	There is a comprehensive orientation and training programme to ensure staff are skilled and provide personalised care. There is a specialised set of unit standards that	There are ten dedicated staff who work in the dementia area and other Radius Arran Court staff work in there to cover shifts for staff on leave; however, not all of	Ensure staff working in the dementia unit are enrolled in the required qualifications within the required timeframes to

attributes for the services being delivered.		are required for staff who work in the secure dementia unit to enrol and complete with 18 months of starting work in the dementia area in order to meet the requirements of clause E4.5.f of the aged-related residential service agreement 2023-2024.	the staff in the area have completed the dementia unit standards required clause in E4.5.f of the aged-related residential service agreement 2023-2024.	ensure they meet the ARRC agreement. 90 days
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	There are skilled and qualified staff to provide clinically and culturally safe, respectful, quality care and services. The facility manager stated the electronic schedule is maintained for staff performance appraisals however, not all staff files reviewed had evidence of a current performance appraisals.	In two of the nine staff files there was no evidence of a current performance appraisals.	Ensure the schedule is followed and performance appraisals are current. 90 days
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;	PA Low	Healthcare assistants complete monitoring charts including observations neurological observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; intentional rounding; blood sugar levels; and toileting regime	Three of nine neurological observations were not evidenced as being routinely completed for unwitnessed falls as part of post falls management as per policy.	Ensure neurological observations are complete and family notifications occur 90 days

<p>(c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>				
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (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; (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>PA Low</p>	<p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident goals have been met.</p>	<p>Evaluations have not been reviewed six monthly or provide information regarding progress in achieve goals set by residents in five long term care plans (two hospital, two rest home and one dementia).</p>	<p>Ensure evaluations are completed to monitor progress against goals 90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.