

Radius Residential Care Limited - Radius Millstream

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Radius Millstream

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

Dates of audit: Start date: 28 July 2022 End date: 29 July 2022

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: 91

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Radius Millstream provides hospital (geriatric and medical), rest home and rest home dementia services for up to 99 residents. There were 91 residents on the days of audit. Radius Millstream is one of 23 facilities operated by Radius Residential Care.

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

The facility manager is a registered nurse and is experienced in management roles. She is supported by a clinical manager, clinical team leader, regional manager, and an experienced administration manager.

Residents and relatives interviewed were complimentary of the service and care.

The service has addressed the previous certification audit findings relating to neurological observations and care plan interventions.

This surveillance audit identified the service meets the intent of the standards.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

Radius Millstream provides an environment that supports resident rights and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The board and senior management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A pacific health plan is in place.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

Radius Millstream is the organisation's governing body responsible for the service provided at this facility. The business plan includes a mission statement and outlines current objectives. The business plan is supported by quality and risk management processes that take a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the national quality manager, who in turn, reports to the governing body and managing director/executive chairman.

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

Staff receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. Registered nursing cover is provided 24 hours a day, seven days a week.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The service promotes equity of access to their facility through a well-documented entry and decline process. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. The electronic care plans demonstrate service integration.

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.

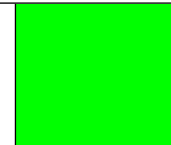
The activities team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences.

Food services are provided by an external contractor. Residents' food preferences, dietary and cultural requirements are identified at admission. Nutritious snacks are available in all units 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

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



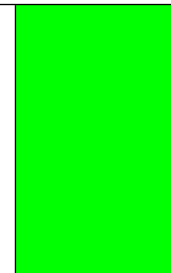
Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness certificate. The dementia unit is secure with safe access to a secure internal courtyard.

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.

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

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



Subsections applicable to this service fully attained.

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

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsection applicable to this service fully attained.
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Bupa Millstream strives to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are complete.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	0	0	0	0
Criteria	0	53	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>On interview, the regional manager and quality manager stated the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Radius Millstream. At the time of the audit, there were no staff members who identify as Māori at Millstream; however, management report there are staff who identify as Māori employed at other facilities within the organisation. The quality manager advised Radius’ commitment to improve labour market outcomes for Māori. Ethnicity data is gathered when staff are employed, and this data is analysed at a governance level.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	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. There are no residents that identify as Pasifika residing in the facility. The service is actively recruiting new staff. There are currently staff employed that identify as Pasifika. The regional manager described how Radius is</p>

<p>tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>increasing the capacity and capability of the Pacific workforce.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of rights is displayed in English and te reo Māori. The service recognises Māori mana motuhake, and this is reflected in the current Māori health care plan.</p> <p>Interviews with nineteen staff (five healthcare assistants, four registered nurses, three activities coordinators, one maintenance, one kitchen manager, four housekeepers, and one administrator), three managers (national quality manager [NQM], clinical nurse manager [CNM] and regional manager [RM]), and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services and confirmed their understanding of Māori indigenous rights.</p> <p>Five residents (three rest home and two hospital) interviewed, and three family/whānau (one dementia, one rest home and one hospital), confirmed that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The Radius Millstream annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in October 2021.</p> <p>Residents interviewed confirmed they are being treated with dignity and respect with staff adhering to their cultural values and beliefs.</p> <p>Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, tikanga, and a selection of words in te reo Māori. Māori cultural days are celebrated (eg, Matariki). Signage in te reo Māori is promoted by activities staff during cultural celebrations. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao</p>

		<p>Māori.</p> <p>It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2022 confirmed that residents and families are treated with respect. Residents interviewed confirmed they are being treated with dignity and respect with staff adhering to their cultural values and beliefs.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>Not Applicable</p>	<p>Radius are working towards reviewing the organisational policies to align with the Ngā Paerewa services standards. Staff are encouraged to address the issue of any abuse, however, if they are not comfortable, they are supported by management to do so. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. An employee handbook and staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing an acknowledgement. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. Radius has recently established a national cultural safety committee which is working on ensuring wellbeing outcomes for Māori are prioritised by using a strengths-based and holistic model of care.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of 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 service follows best tikanga guidelines and understands that the concept of 'next of kin' may be broadly interpreted by Māori.</p>

<p>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>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and families during the resident's entry to the service. A comprehensive 'Welcome to Radius Care' booklet includes information on access to advocacy and complaint support systems. There is a resident advocate available to support residents if required. The advocate is invited to attend monthly resident meetings. Access to complaint forms is located at the entrance to the facility or on request from staff. A secure complaints box is located adjacent to reception. Residents/relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. Four complaints were lodged in 2021 and five have been lodged for 2022 (year-to-date). Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly. There have been no complaints received from external agencies.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in</p>	FA	<p>Radius Millstream has a total of 99 beds and is certified for rest home, hospital (including medical) and dementia level of care. Sixty beds are dual-purpose including 19 beds in the apartment block. There are twenty beds in the dementia unit.</p> <p>At the time of the audit there were 91 beds occupied; 40 rest home level care residents which included one resident on a younger</p>

<p>partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>person's disability (YPD) contract and ten residents in the apartment block and 18 residents in the secure dementia unit. There were 33 residents at hospital level of care including three residents in the apartment block. All residents except one on a YPD contract are under the age-related residential care (ARRC) contract.</p> <p>The Radius strategies describe the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan has clear business goals to support their philosophy of 'Caring is our calling'. The 2021-2022 business plan is specific to Radius Millstream and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relates to clinical effectiveness, risk management and financial compliance.</p> <p>The Governance Board consists of the Radius Managing Director/Executive Chairman and four professional directors, each with their own expertise. The terms of reference for Radius governance body adheres to the terms and reference guidelines from the New Zealand's Exchange (the NZX), or Te Paehoko o Aotearoa and the New Zealand Institute of Directors. The board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</p> <p>The Chief Executive Officer (CEO) is responsible for the overall leadership of the management team. The weekly and monthly reporting structure informs the CEO and board (i.e. the Governance body) of operations across the organisation. The Governance Body invites members of the senior team to join the board meeting for pertinent discussions that will influence their decisions.</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 Millstream is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider</p>
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		<p>community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activities team support residents to maintain links with the community.</p> <p>The quality programme includes regular quality and compliance and risk reports that highlights the operational and financial KPIs. Monthly reports are sent to the quality manager. 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 (clinical) who was on leave on the days of audit has eight years management experience in aged care. She was appointed to this role when the facility opened six years ago. She is supported by a regional manager (present during the audit) and national quality manager and a clinical nurse manager. The clinical nurse manager has been in the role for four years.</p> <p>The facility manager and clinical nurse manager have maintained at least eight hours of professional development activities related to managing an aged care facility and include advocacy and complaint management, infection control, health and safety, fire safety, emergency procedures and Covid preparedness and relevant New Zealand aged care association training forums.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide</p>	<p>FA</p>	<p>Radius Millstream has procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated with further updates required in order to meet the 2021 standards. New policies or changes to policy are communicated and discussed with staff. Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p>

<p>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>Millstream is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings including clinical, staff, health and safety and infection control document comprehensive review and discussion around all areas including (but not limited to) infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing, and education, quality data, health and safety, hazards, service improvement plans, emergency processes, incidents and accidents, internal audits, and infections. A risk management plan is in place. Monthly clinical meetings and staff meetings ensure good communication. Corrective actions are 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 adjacent to the staff room.</p> <p>The 2022 resident satisfaction survey has been recently completed and indicates that residents have reported high levels of satisfaction with the service provided. Results of the survey have been collated and analysed, and a comprehensive report provided by an external agency. Survey results were received by the organisation immediately prior to audit and have not yet been reviewed by Millstream management. The national quality manager benchmarks data against other Radius facilities and industry standards is analysed internally to identify areas for improvement. The 2021 results have been communicated to residents in resident meetings (meeting minutes sighted).</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a comprehensive range of adverse event data (eg, skin tears, falls, pressure injuries, challenging behaviour, infections, and medication errors). An internal audit programme is being implemented.</p> <p>Interviews with the regional manager confirmed health and safety training begins during their induction to the service. A health and safety team meets bi-monthly, and they provide health and safety as a</p>
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	<p>regular topic in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, reported to the regional manager, and a consolidated report and analysis of all facilities are then provided to the governance body monthly. There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for two hours per week and when required. Strategies implemented to reduce the frequency of falls include intentional rounding/checks and the regular toileting of residents who require assistance. Mobility is assessed and evaluated by the physiotherapist at admission and part of post fall assessment. Registered nurses collaborate with HCAs to evaluate interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises.</p> <p>Electronic reports using eCase are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in fifteen accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, absconding of a resident, skin tears). Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. The eCase system escalates alerts to Radius senior team members depending on the risk level.</p> <p>Sixteen adverse events were reviewed. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. The previous finding around neurological observations (NZS 8134:2008 Criteria 1.2.4.3) has been addressed. Family/whānau are notified following incidents. Opportunities to</p>
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		<p>minimise future risks are identified by the clinical nurse manager in consultation with RNs and HCAs.</p> <p>Discussions with the national quality manager, regional manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four section 31 notifications completed to notify HealthCERT in 2021/2022 year to date relating to four unstageable pressure injuries (May 2021) and others for fractures occurring at the facility. There has been one norovirus outbreak in September 2021 and a recent Covid-19 outbreak in June 2022. Public health authorities were notified of the outbreaks.</p> <p>The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity through critical analysis of data and organisational practises.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The regional manager interviewed confirmed staff needs and weekly hours are included in the weekly report received from the facility manager. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the Ministry of Health safe staffing hours. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff. The registered nurses and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. The clinical manager stated HCA turnover had been similar to previous years. Registered nurse recruitment has been difficult over the last 12 months. There is access to an agency, however, Millstream staff have covered shifts when required. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Interviews with residents and families confirmed staffing overall was satisfactory and residents confirmed their care requirements are</p>

		<p>attended to in a timely manner.</p> <p>The facility manager and the clinical manager works Monday to Friday 8.30am- 5pm. The clinical team leader works Sunday to Thursday. Rosters are split with the hospital and apartments rostered as one group and the rest home and dementia rostered together</p> <p>Hospital and apartments with 33 Hospital and 9 rest home</p> <p>AM: Two RNs 6.45am to 3pm and six HCAs (three from 6.45am to 3pm, two from 7am to 1.30pm, one from 8am to 2.30pm). A morning tea server works from 10am to midday.</p> <p>PM: Two RNs 2.45pm to 11pm, two HCAs from 3pm to 11pm, one from 2pm to 10pm, one from 4pm to 10pm and one from 4pm to 9.30pm.</p> <p>NIGHT: One RN 10.45pm to 7am, two HCAs from 11pm to 7am.</p> <p>Rest Home and Dementia with 31 Rest home and 18 dementia level care residents.</p> <p>AM: RN 6.45am to 3pm supported by three HCAs from 7am to 3pm and one HCA from 7 to 1:30pm.</p> <p>PM: Two HCAs 3 pm to 11 pm, one HCA from 3pm to 10pm and two HCA's from 4:30pm to 8:30pm.</p> <p>NIGHT: Two HCAs from 11 pm to 7 am.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Staff last attended cultural awareness training in October 2021. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through Te Whatu Ora - Health New Zealand, and the hospice.</p>
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	<p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of the Treaty of Waitangi and cultural practises relating to Māori. The learning platform and expertise of Māori staff creates opportunities for that workforce to learn about and address inequities. The Radius Millstream management team and a selection of staff have completed an online Mauri Ora foundations competency course.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-eight healthcare assistants are employed. Twenty-seven healthcare assistants have achieved a level three NZQA qualification or higher. There are nine healthcare assistants who work in the dementia area and all nine have the required dementia qualifications. Four staff have achieved level two and six are currently on level one and working towards level two.</p> <p>A competency assessment policy is being implemented including new competency-based programmes which are being implemented to support the registered nurses by upskilling senior HCA's with basic wound cares, observations. All staff are required to complete competency assessments as part of their orientation. Competency assessments include but are not limited to restraint, moving and handling and back care, hand hygiene, donning on and off of personal protective clothing, A selection of HCAs completed medication administration competencies. A record of completion is maintained on an electronic human resources system. Additional RN specific competencies include subcutaneous fluids, syringe driver, catheterisation, and interRAI assessment competency. Eleven of twelve RNs are interRAI trained. While cultural orientation and training is provided, cultural competency is not determined. Work is underway to implement and assess staff cultural competencies to ensure the service can deliver high quality care for Māori. The service is planning to expand reporting to encourage collection and sharing of high-quality Māori health information. Plans are in place to encourage staff to participate in learning opportunities around health outcomes and disparities, and health equity. Training and competence are provided to staff to ensure health and safety in the workplace including manual</p>
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		<p>handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training and hazard reporting</p> <p>A registered nurse leadership programme has been recently introduced with the completion of online modules and zoom discussion on leadership, management in order to strengthen and support the RN workforce. All RNs are encouraged to attend in-service training and complete critical thinking, Covid-19 preparedness, wound management, pain management, medication and training related to specific conditions medications. All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible. Several members of the Radius Millstream team have completed the online foundations in cultural provided by Mauri Ora.</p> <p>A management of agency staff policy is documented for the organisation. Position descriptions reflect expected positive behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint portfolio or infection prevention portfolio. If agency staff are used, the orientation included health and safety and emergency procedures (clinical and non-clinical).</p> <p>The service encourages all their staff to attend monthly meetings (eg, staff meetings, quality meetings). Resident/family meetings are held bi-monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted).</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training and hazard reporting.</p>
Subsection 2.4: Health care and support workers	FA	There are comprehensive human resource policies including recruitment, selection, orientation and staff training and development.

<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>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Six staff files reviewed (one clinical team leader [RN], one registered nurse, three healthcare assistants and one activities coordinator) included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. A register of RN and enrolled nurse (EN) practising certificates are maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Volunteers are utilised when the Covid-19 protection framework permits. An orientation programme and policy for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential in an electronic database. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff</p>
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		and is a focus of the health and safety team.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>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>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The admission policy requires the collection of information that includes but is not limited to; ethnicity, spoken language, interpreter requirements, iwi, hapu, religion, and referring agency. Interviews with residents and families and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity, including Māori, is being collected and analysed by the service. The service is currently working towards developing meaningful partnerships with Māori communities and organisations at a facility level to benefit Māori individuals and whānau</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The care planning/interRAI guidelines and nursing assessment care plan/social and activities plan policy guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review.</p> <p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Six resident files reviewed (three hospital level, including one from apartment block, one rest home level of care under a younger person with disability contract (YPD) and two dementia level of care). Initial care plans are developed with the residents/EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are</p>

	<p>developed with information gathered during the initial assessments, interRAI assessment and completed within three weeks of the residents' admission to the facility for all long-term residents. Review of residents' records showed that the residents under the YPD contract participate in care planning. Their plan includes activities and interventions to ensure that their physical, mental health, cultural and wellbeing needs are met. There are currently no residents who identify as Māori but when interviewed the registered nurses had knowledge of the four cornerstones of Māori health model plan 'Te Whare Tapa Whā'. Care plans include the physical, spiritual, whānau, and mental health of the residents. End of life care is provided based on Te Ara Whakapiri. They were also able to describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and relatives when developing care plans so residents can develop their own pae ora outcomes.</p> <p>Care plan interventions included interventions around wound care and side effects of medications. The previous shortfall around care plan interventions (NZS8134:2008 criteria 1.3.5.2) has been addressed. Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss.</p> <p>Residents have reviews by the GP within required timeframes and when their health status changes. The GP visits the facility weekly and as required. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the GP. A physiotherapist visits the facility weekly and reviews residents referred by the clinical nurse manager or RNs.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required requests a GP visit. The resident satisfaction survey completed in July</p>
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		<p>2022 shows a 90% satisfaction rate related to health care services.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. The review of the wound care plans evidenced that more than one wound assessment was documented on the same wound chart. There were five residents with pressure injuries on the day of the audit: three stage 3, one stage 1 and one stage 2. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. Incident reports and section 31 notifications have been made to the Ministry of Health. The electronic wound care plan documents assessments, wound management plan and evaluations are documented with supporting photographs and documented wound assessments. Not all wounds had individual charts. More than one wound assessment was written on the same chart.</p> <p>Health care assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to) weights, neurological observations, vital signs, weight, turning schedules and fluid balance recordings and charts were implemented according to the care plan interventions.</p> <p>Relatives are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes. The management and registered nurses reported they routinely invite whānau to the six-monthly review meetings along with the resident. Communication with relatives was evidenced in the electronic system.</p> <p>Health care assistants interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system and entered by the caregivers and RNs after each duty. The RN further adds to the progress notes if</p>
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		there are any incidents or changes in health status.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activity team comprises of three activities coordinators. The activities teamwork Monday to Friday. Out of three team members, two work 34 hours and one works 26 hours a week. Residents receive a copy of the weekly programme which has the daily activities displayed and includes individual and group activities. This is also displayed on the noticeboards around the facility.</p> <p>The overall programme has integrated activities that is appropriate for the cohort of residents. The planner includes housie, craft session, quoits, golf putting, scrabble, board games, pamper group, exercises, newspaper reading, knitting club, bowls, balloon volleyball, happy hour, men's group, word search, and te reo Māori sessions. The church minister visits weekly. For those residents who choose not to take part in the programme, one on one visits from the DTs occur regularly. An outing is organised weekly and regular van outings into the community are arranged, in as much as Covid-19 restrictions allow.</p> <p>The activity team completes assessments on admission for all residents which informs the activity plan. The activity plan is reviewed at least six monthly or earlier as required. Activity attendance records are maintained. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented.</p> <p>The resident under the young person disabled contract can choose activities from a range of opportunities. The activity team helps with outings to cafés and shopping trips. Intimacy is encouraged and supported between married couples.</p> <p>The activities programme in the dementia wing is reflective of activities suited to the needs of dementia care residents such as one on one sessions, craft, walking group and are also encouraged to join in rest home/hospital activities. Residents in the secure dementia unit</p>

		<p>had 24-hour activity plans which included strategies for distraction and de-escalation. The 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.</p> <p>The activities team ensure that te reo Māori and tikanga Māori are actively promoted and included in the activities programme. The service does not currently have any Māori residents; however, staff ensure opportunities are facilitated for Māori residents to participate in te ao Māori for all residents.</p> <p>The residents and their families reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. 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>Policies and procedures are in place for safe medicine management. Medications are stored safely in three nurses' medication rooms. The internal audit schedule includes medication management six monthly. Education around safe medication administration has been provided.</p> <p>A safe system for medicine management using a paper-based system was observed on the day of audit. Twelve medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. One registered nurse and one medication competent caregiver were observed administering medications correctly on the day of audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. There were no residents self-medicating on the days of audit.</p> <p>The service uses pharmacy pre-packaged medicines that are checked</p>

		<p>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. Registered nurses advised that over-the-counter medications are prescribed by the GP. Standing orders are not in use at Radius Millstream. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy, there were no expired drugs on site on the day of the audit.</p> <p>The registered nurses and management described working towards partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen staff are contracted by an external catering company. There is a fully functional kitchen, and all food is cooked on site. There is a food services manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff. This document is reviewed at least six-monthly as part of the care plan review. The kitchen is able to meet the needs of residents who need special diets, and the kitchen manager works closely with the RNs on duty. The kitchen manager is also informed of any residents who have lost or gained weight where interventions are required and reports back if there are meals returned to the kitchen.</p> <p>The kitchen staff have completed food safety training. The kitchen manager (chef) and cooks follow a rotating four weekly seasonal menu, which has been reviewed by a dietitian and expires on 16 May 2023. There is a current food control plan in place which expires on 22 January 2023. The temperatures of refrigerators, freezers, dishwashers, and cooked foods are monitored and recorded</p>

		<p>electronically. There is special equipment available for residents if required. All food is stored appropriately. Residents and the family members interviewed were satisfied with the quality and variety of food served.</p> <p>The service is working towards a better understanding of tapu and noa ensuring all staff adhere to tapu and noa, consistent with a logical Māori view of hygiene and align with good health and safety practices. Residents can request a special meal in relation to their culture.</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 resident transfer/discharge policy to ensure a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. The service utilises the 'yellow envelope' system. A copy of the advance directives, advance care plan (where available), a transfer report is completed, and medication chart are included in the yellow envelope.</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 clinical manager and RNs and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and</p>	FA	<p>The building has two current building warrants of fitness. The care centre building warrant of fitness expires on 13 July 2023, and the serviced apartment building warrant of fitness expires on 15 May 2023. The apartment block is adjacent to and attached to the care facility via a corridor. The apartment block is on two levels with a lift</p>

<p>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>and stairs between the floors. The lift is large enough for a stretcher.</p> <p>The maintenance person works full time (Monday to Friday). 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, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available 24/7 as required. Testing and tagging of electrical equipment was in process on the day of the audit. Checking and calibration of medical equipment, hoists and scales is scheduled for August 2022.</p> <p>The dementia unit provides a home-like therapeutic environment. The unit is secure with safe access to the gardens with pathways. Outdoor spaces provide opportunity for walking and gardens are designed to provide for sensory stimulation. All resident areas are easily accessible and provide space for residents using mobility aids.</p> <p>The service currently has no plans for building or major refurbishments, however; the management team interviewed were aware of their obligation to seek input from Māori to ensure their aspirations are reflected in the design.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation 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.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed and this is repeated every six months. The facility uses a contracted evacuation specialist to conduct these fire drills. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored</p>

		<p>centrally and checked at regular intervals.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors are alarmed. Currently, under Covid restrictions, visitors are controlled through a screening process for symptoms and body temperature is measured at entry.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is reviewed annually and is linked to the quality and business plan. There are specific policies on antimicrobial stewardship, surveillance, management of waste, cleaning and laundry and pandemic planning.</p> <p>Infection prevention and control resources including personal protective equipment (PPE) were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Radius has a pandemic response plan in place which is reviewed and tested at regular intervals</p> <p>Educational resources in te reo Māori can be accessed online if needed. The infection prevention and control staff will in future consult with the national cultural safety committee to ensure culturally safe practice and to provide educational resources acknowledging the spirit of Te Tiriti. All staff are required to complete infection control education and are trained in cultural safety.</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>	FA	<p>Surveillance is an integral part of the infection control programme.</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 meetings, quality, and staff meetings. Meeting minutes are available to staff. The</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>service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been two outbreaks since the previous audit. In September 2021 a Norovirus outbreak was successfully managed, and in June 2022 a Covid-19 outbreak was managed effectively with support and advice from the Ministry of Health and Public Health.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Ministry of Health information and Covid-19 information is available to all visitors to the facility. Visitors to the facility are scanned for temperature monitoring and record keeping of all incoming and outgoing visits is maintained.</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 policy confirms that the organisation is working to actively minimise the use of restraint. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident while using the least restrictive practice.</p> <p>There were no residents using restraints at the time of the audit. The designated restraint coordinator was unavailable to interview; however, the clinical manager who held the role previously was interviewed. An interview with the regional manager and the clinical nurse manager described the organisation's commitment to restraint minimisation and implementation across the organisation. The use of restraint (should this be required) would be monitored in the monthly quality, clinical and staff meetings. Restraint usage would also be included in the reporting structure to the management, CEO, and the board. The management team interviewed confirmed restraint data would be analysed the same as other KPI data collated, with a corrective action plan documented (where required).</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.