

Radius Residential Care Limited - Radius Baycare Home and Hospital

Introduction

This report records the results of a Certification 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 Baycare Home and Hospital
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 3 October 2022 End date: 4 October 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: 37

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Radius Baycare provides hospital (geriatric and medical), rest home, and residential disability (physical and intellectual) level care for up to 45 residents. There were 37 residents on the days of audit.

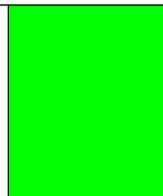
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with the Te Whatu Ora - Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews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

The facility manager is appropriately qualified and experienced and is supported by a clinical nurse manager (RN). There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified that there are improvements required around the quality programme, staffing and medication management.

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.



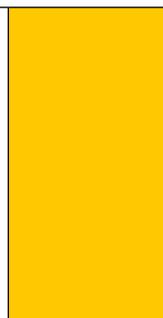
Subsection applicable to this service fully attained.

Radius Baycare provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works 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 Baycare 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 are kept informed. The rights of the resident and/or their family 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

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



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

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. There is a quality improvement framework established.

There is a staffing and rostering policy. 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

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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On entry to the service information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats as required.

A registered nurse or the clinical nurse manager assess residents on admission. InterRAI assessments are used to identify residents' needs and these are completed within the required timeframes. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations were completed at least six-monthly.

Handovers between shifts guide continuity of care and teamwork is encouraged.

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 activity programme is managed by an activity coordinator. The programme provides residents with a variety of individual and group activities and maintains their links with the community.

All meals are cooked on site. Residents' food preferences, dislikes and dietary requirements are identified and reviewed. Residents commented positively regarding meals.

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.
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The building holds a current building warrant of fitness certificate. Residents can freely mobilise around the communal areas with safe access to the outdoors, seating, and shade. All rooms are single occupancy, and all have hand-basins. Sixteen rooms have hand-basins and toilets, and four rooms have shared ensuites. Communal shower rooms have privacy locks. 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.

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 prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the service and include policies and procedures to guide staff. The clinical nurse manager is the infection control nurse. Infection data is collated, analysed, and trended. Antimicrobial prescribing is monitored. Monthly surveillance data is reported to staff. There have been two Covid-19 outbreaks since the previous audit. There are organisational Covid-19 prevention strategies in place.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there were three residents using a restraint. Restraint is only used as a last resort when all other options have been explored.

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	26	0	1	2	0	0
Criteria	0	169	0	1	2	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<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. The plan acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Radius is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and evidenced in practice. Kaumātua visits regularly to support Māori.</p> <p>The facility manager stated that they support increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at Radius Baycare. At the time of the audit there were Māori staff members. Māori staff interviewed confirm they feel supported by Radius and Radius’s commitment to improve labour market outcomes for Māori. 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. There is collaboration between the Board and mana whenua in business planning and service development that support</p>

		<p>outcomes to achieve equity for Māori.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Five care staff interviewed (three healthcare assistants (HCAs), one registered nurse (RNs), and one activities assistant) described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable 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 provide high quality healthcare.</p> <p>On admission all residents state their ethnicity. There are currently no residents who identify as Pasifika. Radius has a process whereby whānau are 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 Baycare is actively looking to partner with Pasifika organisations and working with their Pasifika employees to ensure connectivity within the local area in order to increase knowledge, awareness and understanding of the needs of Pacific people.</p> <p>The service is actively recruiting new staff. There are currently staff that identify as Pasifika. The facility manager described how Radius has increased the capacity and capability of the Pacific workforce.</p> <p>Interviews with eight staff (five care staff, one maintenance, one chef, one cleaner), three managers (facility manager [FM], national quality manager [NQM], clinical nurse manager [CNM]), eight residents (four rest home, four hospital), five family/whānau (two rest home and three hospital), and documentation reviewed, identified that the service puts people and family/whānau at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</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 registered nurse discuss aspects</p>

<p>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>of the Code with residents and their family/whānau on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident/family meetings. 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 support. The service recognises Māori mana Motuhake, which is reflected in the Māori health care plan that is in place. Church services are held weekly.</p> <p>The service upholds the rights of residents' right to privacy, their right to live and speak according to their wishes and culture and has zero tolerance for racism. This is upheld through policy and staff education.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	<p>FA</p>	<p>Healthcare assistants and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had 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.</p> <p>Residents have control over and choice over activities they participate in.</p>

<p>experiences.</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 and respect. Satisfaction surveys completed in 2021 and 2022 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</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. There were no married couples in the facility on the day of the audit. Staff interviewed could describe how they would support a couple with regards to privacy, intimacy and general together time.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relative interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Younger persons with disabilities have input and choice around their own routine and their identity, gender and sexuality is respected.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with relative's involvement. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place (Link to 3.2.3).</p> <p>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 resource are available on the education platform.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o</p>
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		Waitangi and tikanga Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Radius Baycare policies prevent any form of acknowledgement of institutional racism, discrimination, coercion, harassment, or any other exploitation. Inclusiveness of 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.</p> <p>Policies and procedures are in place to ensure safety and security of resident's property as well as handling taonga.</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 families 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 and personal property. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents.</p>
Subsection 1.6: Effective communication occurs	FA	Clear and concise information is provided to residents/family/whānau on admission. Monthly resident meetings identify feedback from

<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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</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>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/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Eleven accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. Staff interviewed could relate scenarios involving previous residents, and the communication strategies employed.</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 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 the hospice and local Te Whatu Ora specialist services (eg, dietitian, speech and language therapist, geriatric nurse specialist, older adult mental health services, Te Whatu Ora mental health services and the wound nurse specialist). The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with in regard to services involved. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity 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 related to Covid-19 through emails, regular newsletters, and resident meetings. Younger persons with disabilities</p>
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		<p>are supported with communication needs through access of Wi-Fi, phones within the rooms and supported to access electronic devices.</p> <p>Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Seven resident files reviewed (four at hospital level including one younger person with disabilities (YPD), three at rest home level of care including one on long-term support - chronic health condition contract (LTS-CHC), and one respite resident) included signed general consent forms. Other consent forms included 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>There is resuscitation order policy and procedure guidelines. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines by 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 enables whānau to be included in decision making as appropriate.</p> <p>Admission agreements had been signed and sighted for all the files seen, including a short-term admission agreement for the respite resident. Copies of enduring power of attorneys (EPOAs) were on resident files where available.</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</p>	<p>FA</p>	<p>The complaints 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 in hard copy and electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p>

<p>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>The complaints logged were classified into themes with a risk severity rating and available in the complaint register. There were two complaints logged in 2021 with low-risk ratings and none in 2022 (year-to-date). There have been no external complaints.</p> <p>Complaints logged include an investigation, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, chaired by the activities coordinator where concerns can be raised. Family/whānau confirm during interview the facility manager is available to listen to concerns and acts promptly on issues raised. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The facility manager acknowledged the understanding that for Māori there is a preference for face-to-face communication. The Code of Health and Disability Services Consumer Rights is available in te reo Māori and in English.</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</p>	<p>FA</p>	<p>Radius Baycare has a total of 45 beds and is certified for rest home, hospital (including medical), and residential disability – physical/intellectual.</p> <p>At the time of the audit there were 37 beds occupied, consisting of 18 residents at rest home level, which included one respite resident, and one long-term support - chronic health condition contract (LTS-CHC). There were 19 residents at hospital level of care including four younger persons with disability (YPD).</p> <p>All beds are classified as dual-purpose. Residents not under a specific</p>

<p>delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>contract identified, are under the Age-Related Care 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 Baycare and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relate to staff retention, recruitment, upskilling for clinical effectiveness, and financial compliance.</p> <p>The Governance Board consist 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), 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. The clinical governance team report to the audit and risk committee, which is a sub-committee of the Board.</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 Baycare are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activities team support residents</p>
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		<p>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 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 (roving) has over 23 years management experience in aged care. She has covered the role since the beginning of the year while recruitment for a permanent facility manager takes place. She is supported by a regional manager and national quality manager (present during the audit) and a clinical nurse manager. The clinical nurse manager has been in the role for seven 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 infection control, health and safety, fire safety, emergency procedures, 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 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</p>	<p>PA Low</p>	<p>A quality management framework is documented. Staff turnover has been high in the first half of the year (87.1%), including registered nurses and managers. The Radius quality systems have not been fully maintained and a corrective action plan to address the issue is in place.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>The 2021 and 2022 resident and resident/family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the majority of services provided (apart from food temperatures). However, results have not been communicated to</p>

<p>and support workers.</p>		<p>residents in resident meetings.</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 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. Policy reviews provide a platform for critical analysis to improve health equity. New policies or changes to policy are communicated and discussed to staff.</p> <p>A health and safety system is in place. A health and safety team meets quarterly. There are two health and safety representatives, and both have completed a formal level 3 health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents and hazards and risk information is collated at a facility level, reported to the regional manager and a consolidated report and analysis of all facilities are then provided to the governance team 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 have been 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 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 on admission and as part of post falls 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>
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		<p>Electronic reports are completed for each incident/accident. All documented incidents reviewed included a severity risk rating, immediate action and any follow-up action(s) required. This was evidenced in eleven accident/incident forms reviewed (witnessed and unwitnessed falls). Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were recorded; however, these did not comply with the timescales required as per policy (link 3.2.4). Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with RNs and HCAs.</p> <p>Incident and accident data is collated monthly and analysed and a summary is documented. Benchmarking occurs on a national level against other Radius facilities. The electronic system escalates alerts to Radius senior team members depending on the risk level.</p> <p>Discussions with the national quality manager and facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been a number of section 31 notifications completed to notify HealthCERT of registered nurse shortages, and one for a change in facility manager. There have been two outbreaks (Covid-19) which were appropriately notified, managed and staff debriefed.</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>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements. However, the service has been unable to provide a registered nurse on site from 1900 hours - overnight for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising overseas trained nurses (awaiting New Zealand competency and registration) as senior HCAs acting as night shift duty leads on site. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>The registered nurses and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on</p>

		<p>duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable; however, concerns were raised regarding the shortage of registered nurses. The facility manager stated that there was an 87 percent staff turnover in the first half of the year (currently down to 9%). Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The facility manager and clinical manager are available Monday to Friday and share on-call cover.</p> <p>Staff are assigned as follows:</p> <p>Rest home (21 beds), with 15 rest home and 3 hospital residents:</p> <p>AM: 2 x HCA 07.00-15.00</p> <p>PM: 1 x HCA 14.45-23.15</p> <p>Garden, West, and East wing (24 beds), with three rest home and sixteen hospital residents:</p> <p>AM: 2 x HCA 07.00-15.00, 1 x HCA 06.45-15.15, 1 x HCA 07.00-14.00</p> <p>PM: 3 x HCA 15.00-23.00, 1 x HCA 16.30-21.30</p> <p>Nocte: 2 x HCA 23.00-07.00</p> <p>There is an RN on shift 0645-1900 five days per week (plus two days covered by CNM and senior HCA when there is no other RN).</p> <p>A medication competent HCA acts as team leader from 1845-1900 daily in addition to the above.</p> <p>The service is currently recruiting for four RNs to cover across the</p>
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		<p>service.</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 2021 and 2022. External training opportunities for care staff include training through Te Whatu Ora Health New Zealand, and hospice.</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 were provided with resources during their cultural training. The learning platform and expertise of Māori staff create opportunities for staff to learn about and address inequities.</p> <p>Twenty-two healthcare assistants are employed. Radius supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Seventeen healthcare assistants have achieved a level three NZQA qualification or higher.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation, including hand washing, restraint, cultural, and moving and handling. Registered nurses' complete restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, bladder irrigation, male catheterisation, wound management, and nebuliser competencies. Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. A record of completion is maintained on an electronic human resources system.</p> <p>The facility manager and clinical nurse manager are interRAI trained. All staff are encouraged to attend in-service training and attend relevant quality/staff meetings when possible. Training, support, performance, and competence are provided to staff to ensure health</p>
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		<p>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. Environmental internal audits are completed. Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations.</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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held electronically. Seven staff files reviewed (two healthcare assistants, two RNs including the clinical manager, one activities coordinator, one senior cook and one cleaner) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</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.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</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. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and healthcare assistants to provide a culturally safe environment for Māori.</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. Ethnicity data is identified, and the service maintains an employee ethnicity</p>

		<p>database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</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. Residents past paper-based archived files 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.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p>	FA	<p>An information booklet detailing entry criterion is provided to prospective residents and their family/whānau. There is a resident admission policy that defines the entry and admission processes. Entry criteria are communicated to stakeholders, the community and referral agencies. A review of residents' files confirmed that entry to service complied with the resident admission policy.</p> <p>The service has a process in place if access is declined, should this occur. It determines that the resident and their family/whānau, the referring agency and GP are informed of the declined entry. Alternative services are offered where possible and documentation for the reason for declined entry is documented. The resident would be declined entry if not within the scope of the service or if a bed was not</p>

<p>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>available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service. All resident files reviewed had current interRAI assessments in place.</p> <p>The admission policy requires the collection of information that includes, but is not limited to, ethnicity; preferred 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 data, including Māori is collected by the service.</p> <p>The facility manager and activities coordinator described relationships with identified Māori service provider groups within 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>FA</p>	<p>Seven files were reviewed. The registered nurses are responsible for all residents' assessments, care planning and evaluations of care.</p> <p>Initial care plans are developed with the resident's/EPOA consent. Resident care plans are developed using an electronic system. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. They are completed within three weeks of the residents' admission to the facility.</p> <p>Two files reviewed of residents requiring pain management did not have documented pain management interventions in their care plans or pain monitoring charted. One of seven resident files reviewed who had exhibited behaviours that challenge, did not have de-escalation or management of aggressive behaviours interventions within their care plan.</p> <p>Review of residents' records showed that the residents under the young person with disability contract participate in care planning. Their plans include activities and interventions to ensure that their</p>

		<p>physical, mental health, cultural and wellbeing needs are met.</p> <p>The residents' activities assessments are completed by an activity coordinator in conjunction with the RN. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau. The activity assessment process includes a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Two of seven resident files reviewed did not have a documented resident cultural assessment. Each resident's 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>Short-term care plans are developed for acute problems, for example, infections and weight loss.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have GP reviews within required timeframes and when their health status changes. The GP visits the facility twice-weekly. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that the GP service is informed of concerns in a timely manner. The GP service provides access to an after-hours service. A physiotherapist is available on request.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p> <p>Resident progress notes are recorded and maintained on the electronic system. Monthly observations such as weight and blood pressure are completed and were up to date. However, neurological observations were not always carried out as per policy requirements.</p> <p>Policies and protocols are in place to ensure continuity of service</p>
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		<p>delivery. Staff interviews confirmed they are familiar with the needs of the residents and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p> <p>Long-term care plans are formally evaluated every six months in conjunction with the interRAI reassessments and when there is a change in the resident's condition. Evaluations are documented by the RN or CNM. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>The residents who identified as Māori have a Māori health care plan in place which describes the support required to meet their needs.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The residents' activities programme is implemented by an activities coordinator who works part time. Activities for the residents in the hospital and rest home are provided over four days a week by the activity coordinator. Puzzles, games, music, and movies are available for residents for the other three days, including the weekends by healthcare assistants. The activities programme is displayed in the communal areas. The activities programme provides variety in content and includes a range of activities which incorporate education, crafts, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the activity coordinator occur regularly. Regular van outings into the community are arranged. Church and spiritual groups visit, and services are provided for resident's pastoral care needs.</p> <p>The programme has planned local community groups, and Māori celebrations. Other cultural activities are planned to include the variety of cultures within the facility. Family/whānau participation in the programme is encouraged.</p> <p>The residents and their families reported satisfaction with the activities provided. Over the course of the audit, residents were observed</p>

		<p>engaging and enjoying a variety of activities. Resident meetings are held and include discussion around activities.</p> <p>The residents under the young person disabled contract can choose activities of their preference from a range of opportunities. The activities coordinator provides assistance for outings as requested.</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>PA Moderate</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines.</p> <p>A safe system for medicine management using a paper-based 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 are documented on the medication chart and in each resident's record.</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.</p> <p>The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications are stored securely in accordance with requirements. New medications are checked in by two staff and six-monthly stocktakes are completed within policy and legislative requirements.</p> <p>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. There were gaps in the medication signing sheet where there was no signature or reason why the medication was not given documented.</p> <p>The RN oversees the use of all as needed medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff</p>

		<p>files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the CNM or RN. Medication information for residents and whānau can be accessed online as needed.</p> <p>There were no residents self-administering medication on the day of the audit.</p> <p>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 a medical practitioner. Interview with RN and CNM 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.</p> <p>There are no standing orders.</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>A nutritional assessment is undertaken by the RN or manager 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 cook 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 (link 3.2.3).</p> <p>All meals are prepared on site and served in the main dining room or in the residents' rooms if requested. 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.</p> <p>The food service is provided in line with recognised nutritional guidelines for older people. The food service meets the nutritional needs of the residents. All meals are prepared on site. The service</p>

		<p>has a current food control plan. The organisational dietitian reviews the menu plans.</p> <p>There are nutritious snacks available 24 hours per day.</p> <p>The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted.</p> <p>All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were very 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>	<p>FA</p>	<p>There is a Radius resident transfer/discharge 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/family/whānau are advised of options to access other health and disability services and 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, family/whānau confirmed that they are kept informed of the referral process.</p>

		Interviews with the CNM and RN 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>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a building warrant of fitness certificate that expires on 31 May 2023. The maintenance person works full time (Monday to Friday). Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging of facility and residents' personal equipment, 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 hours a day as required. Testing and tagging of electrical equipment was completed in April 2022. Checking and calibration of medical equipment, hoists and scales was completed in August 2022.</p> <p>All corridors have safety rails that promote safe mobility. Residents were observed moving freely around the corridors and communal areas with mobility aids where required. The external areas have seating and shade. There is safe access to all communal areas. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>All rooms are single occupancy, and all have hand-basins. Sixteen rooms have hand-basins and toilets, and four rooms have shared ensuites. Communal shower rooms and toilets have privacy locks. There are sufficient numbers of communal toilets and showers. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and a hoist if appropriate. There are signs on all shower/toilet doors.</p> <p>There are large and small communal areas. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. There is a spacious dining</p>

		<p>room area.</p> <p>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.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There are wall heaters in corridors, communal areas and in each resident's room. The temperature was a good ambient temperature on the day of the audit.</p> <p>The facility is non-smoking.</p> <p>The service is working towards the consideration of how designs and environments reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<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. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored on site and checked at regular intervals.</p> <p>In the event of a power outage, back-up power generators can be brought on site. Gas cooking equipment is available on site. There are adequate supplies in the event of a civil defence emergency including water stores 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. It is also ongoing as part of the education plan. A minimum of one person trained in first</p>

		<p>aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed on attenuating panels to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families 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.</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>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>FA</p>	<p>There is an implemented Infection prevention and control (IPC) and antimicrobial stewardship (AMS) programme which is an integral part of the Radius strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors.</p> <p>Radius have personnel with expertise in IPC and AMS as part of their senior management team.</p> <p>There is a documented pathway for reporting IPC and AMS issues to the Radius Board. The clinical team report pandemic analysis weekly to the regional manager whose report is available to the CEO/Board. Outbreak of other infectious diseases are reported if and when they occur. Monthly compliance and risk reports are completed by the facility management team and results are also communicated to the risk manager for reporting to the CEO. Monthly collation of data is completed, trends are analysed and then referred back to the facilities for action.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the national clinical team, the GP, and the public health team.</p> <p>External resources and support are available through external specialists, microbiologist, GP, wound nurse and the DHB when required. Overall effectiveness of the programme is managed by the</p>

		<p>facility management team and monitored by the risk team.</p> <p>The CNM is the infection control nurse (ICN) and has completed training for the role. A documented and signed role description for the ICN is in place. The ICN reports to the facility manager.</p> <p>There are adequate resources to implement the infection control programme at Radius Baycare. The ICN who is responsible for implementing the infection control programme, liaises with the infection control committee as required and at meetings.</p> <p>Infection control reports are discussed at the facility's meetings. The ICN 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>A suite of infection control policies and procedures are documented relating to 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. 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.</p> <p>The infection control officer is the CNM. 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 schedule. Educational resources in te reo Māori can be accessed online if needed. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.</p> <p>Infection prevention and control resources including personal</p>

		<p>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. Single use items and the decontamination of multi-use items are included in policy.</p> <p>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.</p> <p>At site level, the FM and ICN have responsibility for purchasing thermometers, face masks and face shields. All other equipment/resources are purchased at national level.</p> <p>IPC input into new buildings or significant changes occurs at national level and involves the head of resident risk and the regional managers. There have been two outbreaks since the previous audit (in March 2022 a Covid-19 outbreak was successfully managed, and in August 2022 a second Covid 19 outbreak was managed effectively and limited to three residents). Both outbreaks had input and advice from the MOH, and Public Health.</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>There are approved policies and guidelines for antimicrobial prescribing.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. Further discussion takes place and 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 IPC policy in use at the facility. The ICN 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 meetings, quality, and staff meetings. Meeting minutes are available to staff.</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 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>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.</p> <p>On the first day of the audit, visitors to the facility were RAT tested. This requirement was lifted on the second day of audit. All visitors are scanned for temperature monitoring and records kept of all incoming and outgoing visits occurs.</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</p>	<p>FA</p>	<p>The facility implements Radius waste and hazardous 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</p>

<p>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 antimicrobial-resistant organisms.</p>		<p>accessible to staff in relevant places in the facility, such as the sluice room and cleaner cupboards. Staff receive training and education in waste management and infection control as a component of the mandatory training. 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.</p> <p>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.</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 system according to the cleaning procedure. There are designated locked cupboards 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.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. All laundry is managed on site. The laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling. Residents' clothing is labelled and personally delivered to their rooms. Residents and families confirmed satisfaction with laundry services in interviews and in satisfaction surveys.</p> <p>There is 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.</p>
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<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>Restraint minimisation is included in the Radius strategic plan with the national quality manager ensuring the commitment to restraint minimisation and elimination is implemented and maintained.</p> <p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints.</p> <p>The restraint coordinator is the CNM 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 minimisation and implementation across the organisation.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The 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.</p> <p>On the day of the audit, three residents were using a restraint (bed rails).</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 minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually.</p>
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<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>	<p>FA</p>	<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. A completed assessment templates were sighted for the residents using restraint evidencing assessment, monitoring, evaluation and including 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. Documentation includes the 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 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, documents 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.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I</p>	<p>FA</p>	<p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints. The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits</p>

<p>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>included the effectiveness of restraints, staff compliance, safety, and cultural considerations. Staff monitor restraint related adverse events while restraint is in use.</p> <p>Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff including RNs and healthcare assistants confirmed that the use of restraint is only used as a last resort.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	A quality management framework is documented. Staff turnover has been high in the first half of the year (87.1%), including registered nurses and managers. The Radius quality systems have not been fully maintained and a corrective action plan to address the issue is in place.	(i) Food satisfaction survey results, internal audit results and clinical indicator data are collected. However, quality data and results have not been consistently shared with residents or with staff. (ii) Between January and July 2022, meetings have not been regularly held as scheduled. (iii) A corrective action plan was not developed to address areas for improvements identified in 2022 resident food satisfaction survey. (iv) Corrective action plans developed for internal audits have not been actioned or signed off as fully completed.	(i) Ensure quality data/results are consistently shared with residents/family (where applicable) and with staff. (ii) Ensure meetings are held as scheduled. (iii) Ensure corrective action plans are developed for identified shortfalls. (iv) Ensure where corrective actions plans are developed that these are closed out as completed.
<p>Criterion 2.3.1</p> <p>Service providers</p>	PA Moderate	As per the ARC contract with Te Whatu Ora – Health New Zealand,	The service does not have sufficient numbers of registered nurses to have	Ensure a registered nurse is on duty at all times to meet the

<p>shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>		<p>an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times. However, the service has been unable to provide a registered nurse on-site overnight from 1900 hours for hospital-level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising a senior caregiver acting as night shift duty lead on site. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p>	<p>a RN on duty at all times as per the ARC contract D17.4 a. i.</p>	<p>requirements of the ARC contract D17.4 a. i.</p> <p>60 days</p>
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>A paper-based system is used to manage residents' medication administration. Staff who administer medication are required to manually sign the medication sheet when medication is administered or the reason why it is not given is documented. There were gaps found in the signing sheet.</p>	<p>A review of fourteen resident medication charts found three gaps in three different resident medication signing sheets with no documentation of the reason why the medication was not signed for.</p>	<p>Ensure all medication is signed for or the reason is documented why the medication was not given.</p> <p>30 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 of this audit.

No data to display

End of the report.