

# Radius Residential Care Limited - Radius Thornleigh Park

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Radius Residential Care Limited

**Premises audited:** Radius Thornleigh Park

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

**Dates of audit:** Start date: 16 January 2023      End date: 16 January 2023

**Proposed changes to current services (if any):** This partial provisional audit was to verify the reconfiguration of the facility to include a new build as follows: 26 dual purpose rooms with ensuites; a new kitchen and extension to the main dining room; treatment room; medication room; recreational area, internal gardens, and walkways. This audit has verified the total number of beds to be now at 87 (including 14 rest home and 73 dual purpose beds). The rooms verified at this audit are ready for occupancy (noting that there are some shortfalls identified at this audit as requiring to be completed prior to occupancy).

**Total beds occupied across all premises included in the audit on the first day of the audit: 39**

# Executive summary of the audit

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## 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.

## General overview of the audit

Radius Thornleigh Park is owned and operated by Radius Residential Care Services NZ Limited. The service is certified to provide hospital (medical and geriatric), rest home level care and residential disability services - physical for up to 63 residents (noting that two beds/bedrooms had been decommissioned to allow for the new build). Occupancy on the day of audit was 39 residents.

This partial provisional audit verified the reconfiguration of the facility to include a new build of the following: 26 dual purpose rooms with ensuites; a new kitchen and extension to the main dining room; treatment room; medication room; recreational area, internal gardens, and walkways. This audit has verified the total number of beds to be now at 87 (including 14 rest home and 73 dual purpose beds). The rooms verified at this audit are ready for occupancy (noting that there are some shortfalls identified at this audit as requiring to be completed prior to occupancy).

The audit process included: the review of policies and procedures; documentation, including transition/education and staffing plans; observation of the environment; a review of established systems and processes that are appropriate for providing rest home, and hospital (medical and geriatric) and residential disability services - physical level care; and interviews with management and two

staff members. There are clear procedures and responsibilities for the safe and smooth transition of residents requiring care into the facility.

The operations manager, regional manager, facility manager, and clinical nurse manager have had extensive cumulative experience in aged care services and in management roles.

Shortfalls identified at this audit are related to staffing, the fire evacuation scheme, and for an accessible call bell in one communal shower/toilet in the new build.

## **Ō tatou motika | Our rights**

Not Audited.

## **Hunga mahi me te hanganga | Workforce and structure**

There is a Board that provides overarching monitoring and leadership for strategic direction. The senior leadership team includes the chief executive officer, managing director, and heads of each department. The regional and operations managers provide support for the facility and clinical nurse manager. There are Radius vision, values, and objectives relevant to aged care facilities. A transition plan is in place for the planned increase in residents requiring hospital or rest home level of care. The facility manager and clinical nurse manager have previous experience in their respective roles and in working in aged care, and both were able to describe how the increase in the number of residents would be managed.

There is a staffing and rostering policy. Strategies have been put in place to mitigate the risks associated with the nationwide shortage of nurses which has also impacted on this service. There are plans to increase numbers of healthcare assistants onto the morning and afternoon shifts as the number of residents increases. All staff complete orientation and training as per the training plan and all have been orientated to the new build.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

All meals are to be prepared on site in the new kitchen. There are seasonal menus in place which have been reviewed by a dietitian, and the chef provides oversight of food services. All kitchen equipment is in place (most newly purchased with any existing equipment serviced). The existing dining area has been extended to cater for all residents. There is a second small dining room to accommodate residents who need more support. Alternative food options are available for residents. A current food control plan is in place.

Medication policies reflect legislative requirements and guidelines. A second secure medication room has been built. Medicines are securely stored. Registered nurses and medication competent healthcare assistants administer medications. Paper-based medication records are in place with an electronic medication system currently being introduced to record administration of medication. The system in use can support more residents requiring care.

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

The building holds a current Certificate of Public Use. Internal and external areas are safe with any resident with a mobility aid able to access all areas. There are dual purpose bedrooms, and each has its own ensuite or easy access to a communal one. The 26 new dual-purpose bedrooms all have an ensuite, are spacious and a window in each to let in light and air. There are communal areas such as lounges and dining areas with these able to cater for residents using specialised equipment. Each wing has a lounge and quiet room. There are railings in place in all areas.

Systems and supplies are in place for essential, emergency and security services. Call bells are in place in communal areas (apart from in one bathroom), in ensuites and bedrooms, with these answered in a timely manner during the audit. Wiring, plumbing, heating, and emergency services are in place and operationalised in the new build.

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

The infection prevention and control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control coordinator (clinical nurse manager) has a job description in place and is responsible for coordinating education and training for staff. The infection prevention and control coordinator has completed annual training and staff are also trained at least annually.

There is a suite of infection control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and control coordinator is responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Radius facilities.

## **Here taratahi | Restraint and seclusion**

Not Audited.

## 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	10	0	2	0	0	0
Criteria	0	82	0	3	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Radius Thornleigh Park is part of Radius Residential Care Ltd now listed on the NZX. There is a Board with members, including the managing director, executive chair and four professional directors who operate as per guidelines from the New Zealand Institute of Directors. The chief executive officer reports to the managing director and both are part of the senior leadership team (SLT) that also includes, the chief strategic officer, heads of marketing, information technology, finance, and the quality manager and risk compliance manager. The Board develops the Radius Care strategies 2021 to 2023 with a focus on innovation and new ventures including looking at facility growth opportunities. The directors monitor and provide support for the businesses as required with the SLT providing a strong leadership and operational direction. The facility manager reports to the regional manager and all managers were able to describe their role. An organisational chart is documented. The Board and the SLT 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</p>

	<p>development that support outcomes to achieve equity for Māori.</p> <p>At the last audit, the service cared for up to 63 residents requiring hospital (geriatric and medical services), rest home and residential disability-physical levels of care. There are 49 dual-purpose beds and 14 rest home only beds. Two beds were decommissioned to make way for the new build, leaving a total of 61 beds (47 dual-purpose beds and 14 rest home only beds).</p> <p>This partial provisional audit has verified the total number of beds to be now at 87 (including 14 rest home and 73 dual purpose beds); noting that there are some shortfalls identified at this audit as requiring to be completed prior to occupancy. The new build includes 26 dual purpose rooms with ensuites; a new kitchen and extension to the main dining room; treatment room; medication room; recreational area; internal gardens; and walkways.</p> <p>The operations manager and regional manager were present at the audit to provide support for the facility and clinical nurse managers. All were interviewed along with two other staff members (the cook and the kitchen assistant).</p> <p>The overall vision and values are displayed in a visible location. All staff are made aware of the vision and values during their induction to the service. There is a Radius Thornleigh Park business plan with targets for 2022 to 2023, and an organisational risk management plan. The plans are reviewed at the heads of department meeting three-monthly. A monthly report from the facility manager is escalated to the regional manager, who in turn escalates this upward to senior managers and the Board. There is a transitional plan in place that describes milestones to the occupancy of the new build. There is a quality plan that includes goals and key performance indicators.</p> <p>The facility manager (non-clinical) has been in the role for six months, has over two years' experience in the same role and experience overseas in community aged care services. The facility manager is supported by the clinical nurse manager, who is a registered nurse and has been in the role for one and a half years. Both showed leadership and had management skills observed during the audit. The facility manager and clinical manager are supported by an experienced operations manager and regional manager.</p>
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		<p>The working practices at Radius Thornleigh is 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 Board already receives feedback from residents and family through the satisfaction survey reports, with actions taken to improve services. The facility manager presents the report to the bi-monthly resident/family meeting and to the regional and other key managers. The action plan based on the discussions are presented and reviewed at each resident meeting until resolved.</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 activities team support residents to maintain links with the community. Māori specific data and information is extracted, and services improved in response. The facility manager is now running a report from Bamboo to identify staff who identify as Māori and/or Pasifika.</p> <p>The national cultural safety committee has been established to identify and address issues to ensure a safe living and working environment is developed and maintained for all. The organisation has employed a Māori advisor who works in partnership with Māori to ensure policies and procedures represents Te Tiriti partnership and equality. The Māori advisor consults with and reports on any barriers to the senior executive members and Board to ensure these can be addressed. Interviews with the clinical manager and general manager confirmed a commitment to supporting the Ministry of Health's Whāia Te Ao Mārama Māori health strategies. The service is working to establish links with local Māori, specifically at this time to engage with a Māori provider who can bless the new build.</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</p>	<p>PA Low</p>	<p>A staff rationale and skill mix policy is in place. The facility manager is available at the facility Monday to Friday and is on-call after hours for any organisational concerns. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. There is a recognised nursing shortage at the facility with a</p>

<p>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>registered nurse on at least one shift per day, therefore is not able to meet the ARRC agreement with Te Whatu Ora clause D 17.4a i-iii. The clinical nurse manager works five days a week to provide clinical oversight and leadership.</p> <p>The current roster is as follows.</p> <p>Staff are rostered across the facility which is a single level site. There are five HCAs on the morning shift (0700-1500), including four on a full shift and one short shift. There are five HCAs on the afternoon shift (1430-2300), including four on a full shift and one floating (1630-2000). There are three HCAs overnight.</p> <p>The transitional plan outlines the approach to increasing staffing levels in response to a higher acuity. The number of hospital residents will increase through natural attrition – entry to service or if existing residents are assessed as requiring an increase in level of care. As this occurs, the service plans to increase staffing levels by the following:</p> <p>From 1-15 extra beds occupied (i.e. up to 76 beds), there would one extra HCA rostered onto each shift (morning, afternoon, and night) and one short shift (0800-1300).</p> <p>In addition to the above, from 16 to 20 extra beds occupied (i.e. up to 81 beds), there would be an additional HCA rostered from 1600-2000.</p> <p>In addition to the above, from 20 to 26 extra beds occupied (i.e. up to 87 beds – full occupancy), the morning HCA short shift would be extended to 0700-1400; and additional HCA from 0800-1300; an extension of the HCA afternoon shift to 1500-2100; and an additional HCA 1600-2000 short shift put in place.</p> <p>Additional HCA support is available when needed. There are sufficient numbers of staff currently to increase the occupancy to 66 residents (including five in the new build). The service is recruiting staff currently.</p> <p>Position descriptions reflect expected positive behaviours, values and the role and responsibilities.</p> <p>The facility manager or clinical nurse manager is able to be replaced if on leave by the regional manager, with support from head office.</p> <p>There is an annual education and training schedule that has been</p>
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		<p>implemented for staff at Radius Thornleigh Park. Training is delivered by the clinical nurse manager in the most part. Staff have attended training offered in 2022 with a December 2022 catch up training held for staff who were not able to attend initial training offered. The training included fire and emergency management training and orientation to the new build. The education programme being implemented includes in-service training, competency assessments, and toolbox talks. Healthcare assistants are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQA) requirements. Staff training includes cultural safety.</p> <p>In addition to in-service education, the registered nurses attend external Te Whatu Ora education (eg, palliative care clinical sessions). The clinical nurse manager is interRAI trained. Training records reviewed for staff confirmed that they had training around isolation, the use of personal protective equipment and infection prevention and control. Registered nurse staff records reviewed confirmed that all had completed competencies in a timely manner.</p> <p>The clinical nurse manager collects and shares high-quality Māori health information through the collation of quality data, which is shared at all facility meetings.</p> <p>The facility manager and clinical nurse manager talked of encouraging a positive staff environment that helps to retain staff. The business plan includes actions to retain staff and to encourage wellbeing of staff. These include: team building activities; increased ability to access NZQA through Careerforce; use of 'Thankyou' cards and goodies for staff; managers to act on any staff concerns, with feedback to the staff member to confirm they have been listened to; and prizes for staff attending training sessions.</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</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Seven staff files reviewed evidenced implementation of the recruitment process, employment contracts, and completed orientation programmes. There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p>

<p>needs of Māori. 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>A register of practising certificates is maintained for all health professionals employed in the service (eg, the clinical manager, registered nurses). There is an appraisal policy. All staff who have been employed for over one year are expected to 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 staff to provide a culturally safe environment for Māori. The facility manager is also monitoring staff files to ensure that any staff member who does not have an orientation confirmed as being completed on the electronic system, has this recorded.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified for each resident and documented in the resident record.</p> <p>Wellbeing support is provided to staff, including access to employee assistance (EAP) programmes. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. There is also a focus on wellness for staff through the health and safety programme. A debrief is offered to staff after any major adverse events.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for all aspects of medication management, including self-administration. Medications were stored safely in the main medication room. Registered nurses and medication competent HCAs administer medications and have completed annual medication competencies (including insulin and oxygen therapy) and education. The RNs have syringe driver competency. Regular and 'as required' medications are dispensed in blister packs. The RN on duty completes a documented medication reconciliation for medications delivered. There were no residents self-administering medications in the existing part of the facility. The medication fridge and medication room air temperatures are monitored and recorded daily, and both temperatures were within the acceptable temperature range in the medication room currently in use. Eye drops, eye ointments and creams were dated on opening. All medications were within the expiry dates. There were no vaccines on site and no standing orders are used. All medications in stock</p>

		<p>were prescribed for residents. The emergency trolley and oxygen and suction were checked weekly by an RN.</p> <p>Fourteen medication charts (paper-based) were reviewed and met prescribing requirements. The service is introducing an electronic system to record administration of medication. The allergy status and photo identification were on all medication charts. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medications was documented in progress notes.</p> <p>The new (second) medication room is already built with shelving, and space for a medication fridge (the existing medication room will be used until the purchased fridge and medication arrives). The room will be stocked when residents begin to occupy the new bedrooms. The room is locked and there is an air conditioner in the room. The temperature of the room is being monitored. Each bedroom in the new build has a bedside table with a locked drawer. This drawer will be used if any resident wishes (and is deemed competent) to self-administer medication. There is a second medication trolley able to take into the new wings.</p> <p>The house doctor and nurse practitioner (alternating) visit the residents fortnightly or as required. They are responsible for prescribing medication and routine three-monthly medication reviews. Any 'over the counter' medication or supplement is required to be prescribed. The clinical nurse manager confirmed that the RNs provide information and education to residents, including those who identify as Māori.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The new kitchen has been built and has been in use since October 2023. All flooring is slip proof and easy to clean. Kitchen units are stainless steel. All equipment is new including ovens, walk in chiller and fridges, apart from the steamer oven and the second combi oven (both reservised). Walls are made of a surface that is easily able to be cleaned. The door into the kitchen has a combination lock. Any food or plates must be on a trolley in order to access the kitchen. The dirty area for washing dishes is semi-separated from the area where food is prepared and cooked. All meals are prepared and cooked on site.</p> <p>There is a full-time chef, one other cook and three kitchen hands employed by the service. Meals are served from the hot box to residents</p>

		<p>in the dining rooms and to the residents in their rooms. There are three existing hot boxes and a fourth has been purchased. The main dining room has been extended and can now accommodate all residents. A smaller dining room that can accommodate approximately 10 residents is located in the new wing and will be for residents who require extra support when eating. All kitchen staff have in-house and safe food handling training. The cook and kitchen hand were interviewed and confirmed a sound knowledge of food services.</p> <p>Resident likes and dislikes are known, and alternative choices offered. These are on the wall for reference for kitchen staff. The residents have a nutritional profile developed on admission and the kitchen staff receive a copy, which identifies the residents' dietary requirements and likes and dislikes. The cook interviewed confirmed that they are notified of any residents with weight loss. Protein drinks and fluids are available in the medication room fridges. There are nutritious snacks available 24 hours in the kitchen, including plated food in the fridge and snacks. The registered nurse (or shift coordinator) has access to the kitchen after hours. Lip plates and specialised utensils are provided to promote and maintain independence with meals. Fridge, freezer, and end-cooked meat temperatures are taken and recorded daily. Temperatures are recorded at the time suppliers drop these off. Perishable foods sighted in the kitchen was named and dated. The chemical supplier regularly checks the dishwasher. Staff have received training in chemical safety last in January 2023. Chemicals are stored safely. A signed kitchen cleaning schedule is maintained. There is a food control plan with this verified on the 6 December 2022. The facility manager is waiting for the certificate of verification (report sighted).</p> <p>There is a seasonal menu in place. The kitchen staff are able to cook culturally appropriate food if requested. Family are encouraged to bring in food for residents if they wish. The six-monthly food satisfaction survey allows for residents to identify any specific requests. The menu has been reviewed by a dietitian last on 16 May 2022.</p>
<p>Subsection 4.1: The facility The people: I feel the environment is designed in a way that is</p>	<p>FA</p>	<p>The existing 63 bed building (minus two beds that have been decommissioned) holds a Certificate of Public Use that includes the new</p>

<p>safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>build.</p> <p>The existing wings are Egmont (16 beds); Waiwhakaiho (17 beds); Paritutu (12 beds); and Pukekura (16 beds). Two beds have been decommissioned. The rest home beds (14) are scattered across the service. All bedrooms in the new build have a one and a half door that allows for easy access for ambulance staff, equipment and staff on each side of the bed.</p> <p>There is a full-time maintenance person Monday to Friday and is available on call, and a gardener employed 10 hours a week. The maintenance person receives electronic notifications for maintenance requests and repairs. There are essential contractors available 24 hours a day. Resident hot water temperatures are randomly checked monthly. There is a planned preventative and reactive maintenance programme in place. The checking of medical equipment including hoists, has been completed annually. Hot water temperatures in resident areas and rooms are randomly checked monthly. Temperatures were recorded between the required ranges. The living areas are carpeted, and vinyl surfaces is in bathrooms/toilets. The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the facility with mobility aids, where required. Bathrooms, toilets, and hallways had handrails.</p> <p>All rooms have windows and have natural light. The bedrooms are spacious enough to easily manoeuvre transferring and mobility equipment to safely deliver care. Staff interviewed reported that rooms have enough space to allow cares to take place. Residents are encouraged to bring their own pictures, photos, and furniture to personalise their room, with this observed to occur on the day of audit. A tour of the facility evidenced personalised rooms, including the residents own furnishing and adornments.</p> <p>Toilets and bathrooms are accessible to residents with mobility aids. There is a visitors' disability accessible toilet and handbasin. There is a mix of hospital and rest home rooms with and without ensuites. There is one large new bathroom (shower and toilet) in the new 26-dual bed wing. There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Resident rooms have hand basins.</p> <p>There is a large internal courtyard with seating and shade.</p>
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	<p>Partial provisional.</p> <p>The new build includes 26 dual-purpose rooms with full ensuites. Each room is large enough to hold bedroom furniture, a fallout chair or lazy boy and adequate space for staff and equipment required for cares. The dual-purpose rooms verified as being suitable to accommodate residents requiring hospital or rest home level of care, had one and a half doors that allowed for easy access for residents, beds and any emergency equipment if required. Ensuite bathrooms have grab rails, and all bedrooms are spacious and airy with heating provided through ceiling panels adjustable in each bedroom.</p> <p>There is a new kitchen and extension to the main dining room; treatment room; medication room; recreational area; internal gardens; and walkways. The number of beds/bedrooms in each wing is now as follows: Egmont remains at 16 beds; Waiwhakaiho now at 24 beds; Paritutu now at 31 and Pukekura remains with 16 beds. All residents have access to a dining room, a lounge and quiet room. All lounge/dining rooms are accessible and accommodate the equipment required for the residents. Residents can move around freely, and furniture is well-arranged to facilitate this.</p> <p>Seating and space are arranged to allow both individual and group activities to occur. There is adequate space to allow maximum freedom of movement while promoting safety for those that wander. Care staff can assist or transfer residents to communal areas for dining and activities.</p> <p>There is outdoor furniture and seating already in place. The registered nurse and clinical manager interviewed confirmed that they have enough equipment referred to in care plans and necessary to provide care with additional hoists, scales and other equipment purchased ready for the increase in the number of residents.</p> <p>The facility was designed prior to the new standards being implemented and therefore consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori, was not required. In the future, the managers state that they will link and consult with Māori to co-design environments, and to ensure that they reflect the aspirations and identity of Māori.</p> <p>Dining rooms, lounge and other communal areas will easily be able to accommodate an increase in the number of hospital residents who may</p>
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		use specialised equipment such as fall out chairs. All rooms have at least one window to let air and light in.
<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>	PA Low	<p>The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies, and external emergencies. The annual training plan includes emergency training and a requirement for at least one staff on each shift to be first aid trained. Registered nurses and level four HCAs all have a current first aid certificate and there is at least one first aider rostered onto each shift. Staff have completed health and safety and emergency preparedness training, including orientation to the new build in December 2022.</p> <p>The current Fire Evacuation Scheme is for the existing building (dated 1 November 1994). A fire evacuation plan has not yet been approved by the New Zealand Fire Service (FENZ) that would include the new build. Fire drills are scheduled and completed every six months with the last drill completed in July 2022. A contracted service provides checking of all facility equipment, including fire equipment. The building has alternative power systems in place to be able to cook in the event of a power failure, with the new kitchen having gas and electrical ovens. Emergency lighting can run for at least four hours if not more. Emergency food supplies sufficient for three days are kept in the kitchen. Extra blankets are available. There are civil defence kits in the facility that are checked four-monthly. There is sufficient water (ceiling water tanks and bottled water) stored to accommodate 87 residents. The electronic medication system is backed up if WiFi fails. The telephone is backed up via the mobile system, and IT back-up systems are in place.</p> <p>The call bell system has been upgraded in the 'older' area of the facility and connects with the call bell system in the new build areas. Call bells are evident in residents' rooms, lounge areas and toilets/bathrooms, including in all areas in the new build, apart from in one large communal bathroom in the new build. Residents were sighted to have call bells within reach during the audit.</p> <p>The service has a visitors' book at reception for all visitors, including contractors, to sign in and out.</p> <p>Security systems are in place to ensure residents are safe. The doors of</p>

		<p>the building can be locked, and security is relevant to the needs of the residents with staff checking on security of the building prior to dusk. The main doors to the facility are locked at dusk and open at dawn. There is a system for visitors to call after hours to access the facility. External doors in the new build are all able to be locked.</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>The annual infection prevention and control plan is developed by the clinical team at Radius Residential Care with input from specialists as required. The programme related to infection prevention aligns with the strategic document and clearly defines all components of an antimicrobial stewardship programme. The monthly reports from the facility manager include a review of infections and any changes to service delivery. The reports are escalated to the regional manager, who then combines the reports with other services in their region and escalates to SLT and operational meetings, along with the Board meetings.</p> <p>The management team (facility and clinical nurse managers) understand their responsibilities for delivering the infection prevention and control programme with the responsibilities, roles and expectations related to antimicrobial stewardship defined. The pharmacy sends the clinical nurse manager a record of antibiotic charting quarterly. The information is tabled and discussed at the IP&amp;C meetings and with the GP or nurse practitioner. Data around use of antimicrobials for Māori is collected and reviewed.</p> <p>The clinical nurse manager (infection prevention and control [IP&amp;C] coordinator) provides oversight and monitoring of the IC programme at the service and they are able to access advice and support from Te Whatu Ora, Public Health, and other services as required. The IP&amp;C coordinator reports monthly with this escalated to the facility and regional managers for review and discussion. Benchmarking of data occurs with the facility and regional managers monitoring this.</p> <p>There are clear channels documented related to management of an outbreak if that were to occur. There have been three outbreaks of Covid in 2022. Public Health, Te Whatu Ora and the GP were all notified.</p> <p>There are no changes to the infection prevention and control programme or to the leadership or management as a result of the increase in dual-purpose beds. The clinical nurse manager (IP&amp;C coordinator)</p>

		acknowledged the need to increase the surveillance programme to include residents in the new 26-bed dual-purpose rooms.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are a suite of infection prevention and control policies and procedures available to staff including outbreak management, vaccinations, usage of personal protective equipment, communicable diseases, and hand hygiene. There are a suite of policies and procedures available to staff to guide them around safe practices. The infection prevention and control and associated policies refer to cleaning procedures related to reusable items. The infection prevention and control programme is reviewed annually with the current annual plan being updated monthly to be ready for end of March 2023. The executive management team has approved policies and the infection control plan. The infection prevention and control policies reflect the spirit of Te Tiriti o Waitangi.</p> <p>The infection prevention and control coordinator (IP&amp;C) is the clinical nurse manager who has been in the role for six months. The IP&amp;C coordinator has a signed job description that outlines the role and responsibilities of the role. The regional clinical manager supports the IP&amp;C coordinator. The IP&amp;C coordinator is able to access advice and support through the IP&amp;C nurse specialist at Te Whatu Ora Health New Zealand -Taranaki. The IP&amp;C coordinator confirmed that they are involved in procurement processes for equipment, devices, and consumables used in the service. They also described a process of escalation of issues to the facility manager if there was a need to purchase or repair any equipment or device, with both managers acknowledging that this process had been used in the past with both involved in discussions around options. The IP&amp;C coordinator, facility manager and regional manager confirmed that there is a clear process for early consultation and involvement in any change to the facility. They all agreed that this process would be implemented for any major change or re-design.</p> <p>The infection control committee meets monthly to review data, any corrective actions, and improvements to service delivery as a result of the review. Infection prevention and control is also discussed at the head of department meetings. Minutes confirmed that this occurred. Meeting minutes are available to all staff. There is an internal audit schedule</p>

	<p>implemented that includes audits of equipment, including decontamination of reusable medical devices based on recommendations from the manufacturer and best practice standards, and the environment. Any corrective actions would be documented, and the investigation closed in a timely manner. There have been no issues or corrective actions raised as a result of the audits.</p> <p>The IP&amp;C coordinator described utilising the training, system, Te Whatu Ora site and other resources available to them. The IP&amp;C coordinator has completed infection control training last in 2022 and this included antimicrobial stewardship, standard precautions, and outbreak management. Staff education around infection control commences at induction to the facility, with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part of the training schedule. Staff education includes: standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE). Registered nurses are required to complete competencies prior to insertion, management, and removal of invasive indwelling medical devices, using aseptic technique. A review of care staff files confirmed that they had completed annual training as planned.</p> <p>There is a documented pandemic policy which is available for all staff. Visitors are restricted to visiting if they have Covid, have been in contact with someone who has Covid, or who is unwell. Personal protective equipment (PPE) is ordered in a timely manner with sufficient stock on site to last for at least two weeks in the event of an outbreak. Managers and staff were observed to practice good hand hygiene on the days of the audit, and all were wearing masks while in the facility.</p> <p>There are decontaminating processes available through equipment in the two sluice rooms for reusable devices. There are written policies for both manual and automated decontamination of reusable devices. All equipment used for wound care are single use only.</p> <p>Educational resources in te reo Māori can be accessed online if needed. The IP&amp;C coordinator links with the facility manager to attend the cultural meeting, which includes Māori representation. The purpose of the group is to improve outcomes for Māori, and this includes participating in partnership with Māori for the protection of culturally safe practice in</p>
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		<p>infection prevention.</p> <p>There are no changes to the infection prevention and control programme as a result of the increase in dual purpose beds.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme is documented in a suite of policies. This includes a clearly documented AMS programme. The monthly quality data related to infections has to include the quantity and duration of antimicrobial use associated with individual residents. The IP&amp;C coordinator interviewed stated RNs would follow the policy and the IP&amp;C programme around antimicrobial stewardship. The IP&amp;C coordinator also stated that GPs are also implementing AMS by requesting diagnosis evidence (eg, swab), if signs and symptoms are impacting on a resident's wellbeing. The AMS programme documented is appropriate to the size of the facility and is evaluated through the monthly reporting programme and benchmarking with other facilities.</p> <p>There are no changes to the AMS programme or its implementation as a result of the increase in dual-purpose beds.</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>Infection monitoring is the responsibility of the IP&amp;C coordinator. All infections are entered into the electronic database, which generates a monthly analysis of the data. There is an end of month and quarterly analysis, and comparisons with any trends identified. Corrective actions are documented for infection events above the target of key performance indicators. Benchmarking occurs against other Radius Residential Care facilities. Outcomes are discussed at the relevant meetings. The service collates ethnicity data along with IP&amp;C data.</p> <p>There have been two outbreaks of Covid 19 since the last audit. The service continued to maintain sufficient staffing to support residents. There were ample quantities of PPE available and used by staff and residents as required during the outbreaks. Visiting was restricted. The IP&amp;C coordinator informed the funder and Public Health of the outbreaks and remained in daily contact with the funder for the duration of each outbreak.</p> <p>There are no changes to the infection prevention and control surveillance</p>

		programme as a result of the increase in dual-purpose beds.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>Material safety datasheets are available on site. Personal protective equipment including gloves, aprons and eyewear are available for staff throughout the facility. Gloves, aprons, and goggles are available for staff. Staff were observed wearing appropriate personal protective clothing when performing their duties.</p> <p>A sluice is accessible for staff with a sanitizer. There is a second sluice room in the old part of the facility; however, this is just used for the sink as it does not have a sanitizer. A new sluice room has been built with a sanitizer. This is fully equipped. There is a locked cleaner's cupboard with a lockable chemical trolley (observed in use during the audit) with a second locked cleaners' cupboard and trolley in the new build. Safety datasheets and product wall charts are available to all staff. Approved sharps containers are available and meet the hazardous substances regulations for containers.</p> <p>Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>There are laundry and cleaning policies and procedures. Laundry services are outsourced apart from some personal laundry. A new laundry room has been built. There is a clearly documented process to transport waste/incontinence/soiled linen with covered linen trolleys, making transfer of laundry easy for staff. There is a defined dirty to clean flow in the laundry, with a door to the outside area and two doors from the laundry into the hallway (one to bring dirty laundry in and one to take clean laundry out). The laundry is equipped with commercial equipment. The room is locked, all chemicals are dispensed automatically, and others are stored securely. Processes are in place to ensure that clean laundry (after drying) is placed in a covered clean trolley to transfer to residents' rooms and linen cupboards situated around the facility.</p>

		<p>The cleaner's trolley was locked away in the cleaner's cupboard when not in use. All chemicals on the cleaner's trolley are labelled and in original containers. There is an internal audit around laundry services and environmental cleaning completed, which is reviewed by the IP&amp;C coordinator. Staff records confirmed that staff have completed chemical safety training.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>At the time the audit was undertaken, there was a significant national health workforce shortage. The facility would expect two registered nurses to be on the morning and afternoon shifts and one overnight, as well as the clinical manager on duty five days a week to a capacity of 63 (or 61 beds noting that two beds have recently been decommissioned). Current occupancy is 39 residents. The clinical nurse manager provides clinical oversight Monday to Friday. There is one registered nurse who works on morning shifts Saturday and Sunday. There is one registered nurse who provides a full afternoon shift five days a week. All other shifts that do not have a registered nurse, have a shift coordinator who is identified as either an international qualified nurse or a senior level four health care assistant (HCA). Due to the shortage of registered nurses, there are virtual nurses</p>	<p>Due to the national shortage of RNs, the service is experiencing difficulty rostering sufficient registered nurses to have a minimum of one registered nurse on night duty, and to cover two afternoons per week, as per contractual requirements with Te Whatu Ora clause D 17.4a i-iii.</p>	<p>Ensure that sufficient registered nurses are rostered to manage the potential increase in resident numbers above current maximum residents (61) to potentially 87 residents.</p> <p>Prior to occupancy days</p>

		rostered from all Radius sites and they respond to any staff by phone or video link when they require support, when a registered nurse is not on site. The clinical nurse manager is also on call and can come on site after hours if required. The facility manager is continuing to recruit international qualified nurses from countries identified by the NZ Nursing Council, who are completing required NZ nursing qualifications. The service has been admitting rest home and hospital residents to try and increase occupancy to current bed numbers capacity with the support of the Te Whatu Ora Taranaki portfolio manager for older persons health		
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	PA Low	The previous fire evacuation scheme for the existing building is dated 2 November 1994. A fire evacuation scheme has been submitted for approval to the New Zealand Fire Service (FENZ).	A new fire evacuation scheme has not yet been yet approved to include the new rooms.	<p>Confirm that a new fire evacuation scheme has been approved to include the new build.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	There are call bells that are accessible to residents and staff in all communal rooms, bedrooms and ensuites. There is one new large communal bathroom (shower and toilet) that could accommodate a bed bath. The call bell is beside the toilet but not accessible to a resident using the shower.	One communal bathroom does not have an accessible call bell close to the shower.	<p>Provide an accessible call bell for residents in the communal shower/toilet in the new build.</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.