

Radius Residential Care Limited - Radius Potter Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Radius Residential Care Limited
Premises audited:	Radius Potter Home
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: 4 August 2022 End date: 5 August 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:	54

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 Potter Home is owned and operated by Radius Residential Care Limited. The service provides care for up to 57 residents requiring rest home, hospital, and residential physical disability level of care. On the day of the audit there were 54 residents.

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

The facility manager is an unregistered psychiatric nurse and is experienced in management roles. He is supported by the Radius management team, a clinical nurse manager, and an administrator.

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

This surveillance audit has identified shortfalls around monitoring of medication storage temperatures.

Ō tatou motika | Our rights

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

Subsections applicable to this service are fully attained.

Radius Potter Home provides an environment that supports resident rights and culturally safe care. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. Residents are involved in providing input into their care planning, their activities, and their dietary needs and services are provided in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicate with them about their choices. Staff receive comprehensive training on Māori health and awareness at orientation.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service are fully attained.

Radius Care NZ is the organisation’s governing body responsible for the service provided at this facility. Strategic and business plans are documented and supported by quality and risk management processes. Systems are in place for monitoring the services provided, including regular monthly reporting to the regional manager and national quality manager who in turn, reports to the chief operations officer and the managing director. The business and strategic plan outlines current objectives. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
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The service promotes equity of access to their facility through a well-documented entry and decline process. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. The electronic care plans demonstrate service integration.

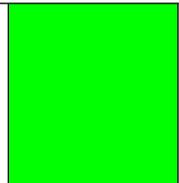
The organisation uses an electronic resident management system. Resident files are electronic and included medical notes by the general practitioner, and allied health professionals. Staff responsible for administration of medications have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and are reviewed at least three-monthly by the general practitioner.

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

All food and baking is prepared and cooked on site in the centrally located kitchen. Residents' food preferences, dietary and cultural requirements are identified at admission.

All resident transfers and referrals to services are completed in collaboration with residents and family.

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 are fully attained.
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The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. There is a printed up-to-date resident list for evacuation purposes.

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 are fully attained.

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

The infection control coordinator is a registered nurse who is supported by the clinical nurse manager. 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 practises through meetings, and education sessions.

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 are fully attained.

Radius Potter Home strives to maintain a restraint-free environment. At the time of the audit, there were residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are complete.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	1	0	0	0
Criteria	0	58	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori Health Plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. 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 Potter. At the time of the audit, there were staff members who identify as Māori. On interview a Māori staff member confirmed management and the Radius organisation supports staff to speak in te reo.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa (HDSS.2021:1.2)</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</p>	Not Applicable	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Radius Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families and providing high quality healthcare.</p> <p>Radius Potter does not currently partner with Pasifika organisations but plans to identify and approach local Pasifika agencies to ensure</p>

<p>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>		<p>connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Code of Rights is accessible on request in Pacific languages.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The service recognises Māori mana motuhake as reflected in the Māori health care plan that is in place. Resident care plans evidence residents participate in care planning.</p> <p>Discussions with ten staff, (four healthcare assistants (HCAs) who work morning and afternoon shifts, one enrolled nurse (EN) one registered nurse (RN), one diversional therapist (DT) one kitchen manager, one maintenance staff and one housekeeper) described situations where residents are encouraged to make their own choices on daily cares, timeframes, and participation in activities.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>All staff receive training in Māori health awareness during orientation. Te Tiriti o Waitangi in-service is scheduled annually for all staff. Training also covered tikanga practices. Radius Potter encourages residents and staff to speak te reo Māori and staff reported enjoying conversations with Māori residents. The governance team has recently reviewed and updated the inclusion and diversity policy to ensure staff understanding.</p> <p>Residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs.</p> <p>Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, tikanga, and a selection of words in te reo Māori. Māori cultural days are celebrated (e.g., Matariki). A resident Whaea delivered education on the meaning of Matariki to staff and residents recently. Signage in te reo Māori is promoted by activities staff during cultural celebrations. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>

		<p>Five residents (three hospital and two rest home) and two family (one hospital and one rest home) interviewed, confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>Interviews with staff and three managers (facility manager [FM], clinical nurse manager [CNM] and regional manager [RM]), and documentation reviewed confirmed te reo and tikanga Māori are promoted.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Radius Potter policies prevent any form of acknowledgement of institutional racism, discrimination, coercion, harassment, or any other exploitation. 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. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. Staff sign to confirm receipt and understanding of the Radius staff handbook and the diversity and inclusion policy.</p> <p>Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. 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>Staff complete education on orientation and annually on how to identify abuse and neglect as per the training plan. 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. The Radius organisation provide a strengths-based and holistic model of care. The service ensures wellbeing outcomes for all residents (including those who identify as Māori) are prioritised as evidenced in the resident centred care plans.</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</p>	FA	<p>The service follows relevant best practice tikanga guidelines. The service has a policy on culturally safe care which includes Māori cultural principles. The registered nurse, clinical nurse manager and</p>

<p>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>facility manager have a good understanding of tikanga guidelines in relation to consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families during the resident's entry to the service. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English and is linked to the advocacy service.</p> <p>A complaints register is being maintained. Three complaints were lodged in 2021 and six have been lodged for 2022 (year-to-date). One complaint was lodged by Te Whatu Ora with evidence of resolution and acceptance of investigations and the outcome.</p> <p>Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</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>FA</p>	<p>Radius Potter Home has a total of 57 beds and is certified for rest home, hospital (including medical), and residential disability - physical.</p> <p>At the time of the audit there were 54 beds occupied; 19 residents at rest home level, which included one resident on long-term support - chronic health condition contract (LTS-CHC), one resident on an Accident and Compensation Corporation (ACC) contract and one resident on a respite contract. There were 35 residents at hospital level of care including two residents on ACC contracts. There were eight</p>

<p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>younger persons with disability (YPD) residents (four rest home level and four hospital level). Residents not under a specific contract identified, are under the Age-Related Residential Care (ARRC) contract.</p> <p>The Radius strategies describe the vision, values, and objectives of Radius aged care facilities. Members of the senior management 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 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 Potter 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 activities team support residents to maintain links with the community.</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. Cultural compliance includes tracking of ethnicity data for residents via established electronic systems. The cultural committee represents the work force from all levels (HCA, activities, RN, and FM's) they are reviewing the Māori health plan and the new Ola Manuia Pasifika health plan. The Governance Board is in the process of appointing a Māori representative to review and support initiatives.</p> <p>The facility manager has been in the role since February 2022 and has 35 years management experience in health care management including previously owning and managing a facility. The facility manager is supported by a regional manager (present during the audit) and national quality manager and a clinical nurse manager. The clinical nurse manager (registered nurse) has been in the role since December 2021.</p> <p>The facility manager and clinical nurse manager have maintained at least eight hours of professional development activities related to</p>
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		<p>managing an aged care facility. The facility manager completed an extensive training programme related to Radius leadership and management and is currently attending a health and safety management course. Other management sessions have included infection control, 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 and support workers.</p>	<p>FA</p>	<p>Radius Potter Home is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings including clinical, staff, health and safety and infection control document comprehensive review and discussion around all areas including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; education; quality data; health and safety; reporting; hazards; service improvement plans; emergency processes; complaints; incidents and accident; internal audits; and infections. A risk management plan is in place. Monthly clinical meetings and staff meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located adjacent to the staff room. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The 2022 resident satisfaction survey is next due in September. The September 2021 survey analysis was completed and indicates that residents have reported an overall satisfaction with core services of 94%. Results of the survey have been collated, analysed, and a comprehensive report provided by an external agency. The national quality manager benchmarks data against other Radius facilities and industry standards is analysed internally to identify areas for improvement. The 2021 results have been communicated to residents in resident meetings (meeting minutes sighted). Corrective actions were implemented to address food service concerns.</p>

	<p>Interviews with the facility manager confirmed health and safety training begins during their induction to the service. A health and safety team meets bi-monthly. Health and safety is a regular topic covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, reported to the regional manager and a consolidated report and analysis of all facilities are then provided to the governance body monthly. There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports using e-case are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, absconding of a resident, skin tears). Incident and accident data is collated monthly and analysed. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. 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>Discussions with the regional manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four section 31 notifications completed to notify HealthCERT in 2021/2022 year to date relating to one unstageable pressure injury and three for RN staffing shortages in February, June and July 2022. There has been one norovirus outbreak in September 2021 and three Covid 19 outbreaks April, late May and June 2022. Public Health authorities were notified of the outbreaks.</p> <p>The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity through critical analysis of data and organisational practices. Staff have completed cultural training to ensure a high-quality service</p>
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		and cultural safe service is provided for Māori.
<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>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The facility manager, and clinical nurse manager (RN) work Monday to Friday.</p> <p>The facility manager is on call for non-clinical matters. The clinical manager is on call after hours for all clinical matters.</p> <p>The service is rostered as one unit with allocations by wing assigned by the clinical nurse manager.</p> <p>Thirty-five hospital and nineteen rest home residents.</p> <p>The morning shift has one registered nurse (RN) and one enrolled nurse (EN), and one senior healthcare assistant (HCA) rostered from 6.45 am to 3.15 pm.</p> <p>They are supported by six HCA's; 3x 6:45 am-2:45 pm, 2x 6:45 am to 1:15 pm, 1x 6:45 am to 11:45 am.</p> <p>A diversional therapist works from 8 am to 4:30 pm Monday to Friday.</p> <p>The afternoon shift has one RN and one senior HCA rostered from 2.45 pm to 11.15 pm.</p> <p>They are supported by five HCA's; 2x 2:45 pm-10:45 pm, 2x 2.45 pm to 9:15 pm, 1x 2:45 pm to 6.45 pm.</p> <p>Nightshift has one RN rostered from 10:45 pm to 7.15 am, and two HCA's from 11 pm-7 am.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. Residents and family members interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff</p>

		<p>member record of training. Educational courses offered include in-services, competency questionnaires, online learning, and external professional development. All senior HCAs and registered nurses have current medication competencies. Registered nurses, HCAs, activities and lifestyle staff, and van drivers have a current first aid certificate.</p> <p>Approximately 28 HCAs are employed. All HCAs are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications through Careerforce. Six HCA'S have completed level 2, four have achieved level 3, and eleven have achieved level 4 health and wellbeing qualification.</p> <p>Registered nurses are supported to maintain their professional competency. Registered nurses are supported through the Unleash programme (two-month programme for new nurses to Aged Care Practice) and the Leadership programme (Rhythm of leadership). This supports RNs to grow to CNM and then FM if they choose to. There are implemented competencies for RNs, enrolled nurses and HCAs related to specialised procedures or treatments including (but not limited to) infection control, medication, and insulin competencies. At the time of the audit, there were five RNs and one enrolled nurse employed at Radius Potter. Two RNs (including the clinical nurse manager) have completed interRAI training.</p> <p>There is an annual education and training schedule being implemented that includes mandatory training across 2021 and 2022. Toolbox talks are held when required at handovers. The service has been working to embed cultural values in their mandatory training programmes.</p> <p>Staff have completed training to ensure the service can deliver high quality equitable care for Māori. The service reports and shares Māori health information through staff meetings.</p> <p>Training for clinical staff is linked to external education provided by Te Whatu Ora. Registered nurse specific training viewed included syringe driver, wound care, and first aid.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>A register of practising certificates is maintained. The service has a role specific orientation programme in place that provides new staff with</p>

<p>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>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 HCAs to provide a culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Five staff files reviewed (two HCAs, one clinical nurse manager, one RN and a kitchen hand/housekeeper) included evidence of the recruitment process, including reference checking, police checks, signed employment contracts and job descriptions. All files identified all components of the workbook, including clinical competencies, evidenced signatures of completion within 90 days. Staff interviewed stated that new staff were adequately orientated to the service.</p> <p>There is an electronic personnel file policy. Information held about staff is kept secure, and confidential. Nationality and ethnicity data is identified during the employment application stage. The service reports ethnicity data at governance level.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy/decline to entry policy and procedure guides staff around admission and declining processes including required documentation. The facility manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which goes into the monthly management report and then to the regional manager and the executive team. The report does not currently include ethnicity; however, will include ethnicity specific to Māori moving forward. The electronic system records ethnicity/race/indigenous status and iwi details.</p> <p>The service identifies links to Māori health providers within the Māori health and awareness policy and procedure. The service continues to develop meaningful partnerships with local Māori communities and organisations to benefit Māori individuals and whānau.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>There is a Māori healthcare plan that supports Māori constructs of Oranga and ensures there is a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan. The enrolled nurse and CNM interviewed describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and relatives when developing care plans, so residents can develop their own pae ora outcomes. Care staff interviewed had knowledge of care being delivered based on the four corner stones of Māori health 'Te Whare Tapa Whā. Cultural training is completed annually. Care plans include the physical, spiritual, whānau, and mental health of the residents. For end of life care they use Te Ara Whakapiri.</p> <p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Six resident files reviewed (three at hospital level, including one on an ACC contract; three at rest home level of care, including one on long-term support - chronic health condition contract (LTS-CHC); one on a respite contract; and one younger person with disabilities (YPD) contract. Initial care plans are developed with the residents/EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the needs assessment service coordination (NASC) team or other referral agencies.</p> <p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment and completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs.</p> <p>Review of residents' records showed that the residents under the YPD contract participate in care planning. Their plan includes activities and interventions to ensure that their physical, mental health, cultural and wellbeing needs are met.</p> <p>Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss.</p> <p>The initial medical assessment is undertaken by the GP within the</p>
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	<p>required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP visits the facility twice weekly. Documentation and records reviewed were current. The GP is available after hours 24/7 and on interview stated that there was good communication with the service and that they were informed of concerns in a timely manner. A physiotherapist visits the facility weekly and reviews residents referred by the CNM or RNs.</p> <p>Contact details for family are recorded on the electronic system. Relatives are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes via a phone call or email. The management and registered nurses reported they routinely invite whānau to the six-monthly review meetings along with the resident. Communication with relatives was evidenced in the electronic system and confirmed that family are informed where there is a change in health status and following routine GP reviews. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required, a GP visit or referral to nurse specialist consultants occurs. The resident satisfaction survey completed in November 2021 shows a 94% satisfaction rate related to care.</p> <p>Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. There were ten wounds on the days of audit (nine hospital and one rest home) which included skin tears, grazes, a venous ulcer and three hospital residents with pressure injuries. Two stage 1 pressure injuries were non facility acquired and one stage 2 pressure injury was facility acquired. The electronic wound care plan documents assessments, wound management plan and evaluations are documented with supporting photographs and documented wound assessments. The district nurse at the specialist wound clinic at Te Whatu Ora -Northland and the GP have input into chronic wound management. Incident reports have been completed for pressure injuries, skin tears and grazes.</p>
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		<p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to): food and fluid intake; weights; neurological observations; vital signs; weight; intentional rounding; restraint checks; repositioning schedules; and fluid balance recordings. Charts were implemented according to the care plan interventions. The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded according to policy following all un-witnessed falls.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes. Healthcare assistants interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery and confirmed that they were aware of the resident's care needs. Progress notes are maintained on the electronic management system and entered by the HCAs and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	<p>FA</p>	<p>There are monthly themes, for example, Māori Language week, Matariki, Anzac, Easter, and Christmas. The planner has one on one activities such as wheelchair walks, massage, shopping, manicures, reading, and sensory activities.</p> <p>The staff are a wide diverse team from many nationalities and part of the activities programme is to celebrate diversity. This has included</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>(when Covid restrictions have allowed) kapa haka entertainment from visiting school children and staff speaking about their cultures at resident's activity events. Te reo Māori and tikanga Māori are actively promoted and included in the activities programme. The service has Māori residents, including a kaumātua who is fluent in te reo and enjoys sharing aspects of culture with staff and other residents.</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 Low</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in a dedicated medication room. The internal audit schedule includes medication management six-monthly.</p> <p>Registered nurses and medication competent HCAs administer medications, and all have completed medication competencies annually. Registered nurses were due to complete syringe driver training during the latest Covid outbreak and have rescheduled for this month. The district nurse service is available to assist if required. All robotic sachets are checked on delivery against the paper-based medication charts. Policies and procedures for residents self-administering medications are in place and this includes ensuring residents are competent, and safe storage of the medications. There was one resident self-administering medications on the day of the audit. Registered nurses advised that over-the-counter medications are prescribed by the GP. All medication errors are reported and collated with quality data. Standing orders are not used at Radius Potter.</p> <p>The medication fridge and room temperatures are recorded; however, these have not been consistently documented. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy and collected weekly.</p> <p>Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. One registered nurse and one medication competent HCA were observed administering medications correctly on the day of</p>

		audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. Registered nurses interviewed reported there were no barriers or difficulties identified around accessing medication.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. 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. The kitchen manager advised that they meet the cultural preferences and celebrated Matariki with boil ups, mussels fritters and a hāngi.</p> <p>The kitchen manager was aware of and adheres to the concepts of tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices. Several residents and staff identify as Māori and assist staff with understanding of Māori tapu and noa.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. The service utilises the 'yellow envelope' system. A copy of the advance directives, advance care plan (where available), a transfer report is completed, and medication chart are included in the yellow envelope. A verbal handover is provided. The registered nurses update HCAs on new admissions regarding care and support requirements, as observed during handover on the day of audit.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a building warrant of fitness certificate that expires on 1 July 2023. The maintenance person works full time (Monday to Friday). Maintenance requests are logged either manually in a book at reception for smaller non urgent tasks, or through the electronic system and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available as required. Testing and tagging of electrical equipment was completed in October 2021. Checking and calibration of medical equipment, hoists and scales was also completed in January 2022.</p> <p>The service is not planning any new builds or significant renovations, however, on interview stated that if they were, they would work with the cultural safety committee and associated expertise to ensure consultation to 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>The building is secure after hours and staff complete security checks at night. All external doors are alarmed. Currently, under Covid restrictions, visitors are controlled through a screening process for symptoms and body temperature is measured at entry. An approved fire evacuation plan is in place. Fire drills are competed six-monthly.</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.</p> <p>Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	<p>FA</p>	<p>The infection prevention and control staff collaborate with Māori staff and residents to ensure they are adhering to safe cultural practises. The infection control coordinator and the organisation acknowledge the spirit of Te Tiriti for the protection of culturally safe practice including the provision of educational resources in te reo.</p> <p>Staff follow the Radius tabletop plan which outlines strategies and plans to implement within the facility during a Covid outbreak. The</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>service has a comprehensive tabletop pandemic plan that is responsive to change and reflects the Radius Potter environment.</p> <p>Personal protective equipment is ordered through the MoH and through the companies' medical supplier, and stock balance is maintained to support any possible outbreak. There is a large supply of personal protective equipment (PPE) stocks, sighted in a large room in the YPD wing. There are also supplies of staff scrub clothing and residents' hospital gowns that can be used during Covid outbreaks. This is checked weekly by the activities coordinator and signed off by the CNM. PPE is accessible to all staff at all times.</p> <p>During Covid outbreaks, separate PPE stations were allocated for each wing. There are specific identified areas for doffing and donning of PPE. Staff were provided with laptops in each wing to access resident information rather than having to go back to the nurses' station.</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 organisational infection control policy in use at the facility. The infection control nurse uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service. Monthly infection data is collected for all infections based on standard definitions. Infection control data does not yet include ethnicity data. 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>There have been three outbreaks since the previous audit (one gastro outbreak in September 2021, and one Covid19 in March to April 2022 and a second covid outbreak from May to June 22). The facility followed their pandemic plan. All wings were kept separate, and staff were allocated to one wing. Infected residents were cohorted to one wing where possible. Staff wore personal protective equipment. Residents and staff performed rapid antigen tests (RAT) daily. Families were kept informed by phone or email. Visiting was restricted. All staff</p>

		and residents have received the required Covid-19 vaccinations. All visitors, entertainers and contractors are required to be fully vaccinated.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint policy confirms that the organisation is working to actively minimise the use of restraint. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident while using the least restrictive practice. Reports on restraint use are provided monthly to the facility and regional managers.</p> <p>Three residents were using restraints at the time of the audit. A review of these resident files identified residents (where appropriate) and relatives are involved in restraint reviews. The restraint coordinator (clinical nurse manager) interviewed confirmed care staff receive regular training on restraint minimisation, which begins during their period of orientation. Staff training records evidenced that guidance on restraint minimisation was last provided in April 2022.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	Medication is safely stored in a dedicated medication room. A system is in place to monitor fridge and room temperatures; however, there have been gaps as a result of RN shortages and the need to use agency staff to cover. A corrective action plan was implemented on the day of audit.	Medication room temperatures and medication fridge temperatures have not been consistently documented over the previous two months.	<p>Ensure medication fridge and room temperatures are recorded daily as per policy.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.