

Radius Residential Care Limited - Radius Peppertree Care Centre

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 Peppertree Care Centre

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: 30 November 2022 End date: 30 November 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: 56

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Radius Peppertree provides hospital (geriatric and medical), rest home and residential physical disability services for up to 62 residents. There were 56 residents on the days of audit. Radius Peppertree is one of 23 facilities operated by Radius Residential Care.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Te Whatu Ora Health New Zealand- Te Pae Hauora o Ruahine o Tararua MidCentral. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a general practitioner.

The facility manager is a registered nurse and is experienced in management roles. An acting clinical nurse manager, regional manager, and an experienced administration manager support the facility manager. Radius Peppertree management team are supported by support staff at head office.

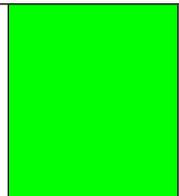
Residents and relatives interviewed were complimentary of the service and care.

This surveillance audit identified that there are corrective actions required relating to documentation of care plan interventions and medication documentation.

The service has addressed one of the two previous shortfalls around interRAI assessment timeframes.

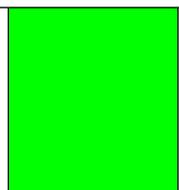
The shortfall around care plan interventions remains ongoing.

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.
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Radius Peppertree provides an environment that supports resident rights and culturally safe care. A Māori health plan and a Pacific health plan are documented. There are staff who identify as Māori. The service prioritises a holistic strengths-based model of care. 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/whānau. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner. Māori mana motuhake is encouraged.

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.
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Services are planned, coordinated, and are appropriate to the needs of the residents. Radius Peppertree has a well-established quality and risk management system that is directed by head office. Quality and risk performance is reported across the various

facility meetings and to the organisation's management team. There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

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 medium or high risk and/or unattained 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.

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

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

All meals are cooked on site. Residents' food preferences, dietary and cultural requirements are identified at admission.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The building holds a current building warrant of fitness certificate. An organisational preventative maintenance schedule is implemented. The fire evacuation plan has been approved by the fire department. The facility is secure at night.

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.
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There as an organisational pandemic plan in place. Adequate supplies of personal protective equipment were sighted. A monthly surveillance infection control report is completed and forwarded to head office for analysis and benchmarking. The service has had two Covidp-19 outbreaks in 2022 which were well managed, and precautions remain in place as per current guidelines.

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.
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Radius Peppertree strives to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

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	0	2	0	0
Criteria	0	57	0	0	2	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The regional manager and facility manager interviewed confirmed the organisation supports increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Radius Peppertree. The Radius Māori advisor will consult with Māori and report on any barriers to the senior executive members and Board to ensure these can be addressed. At the time of the audit, there were staff members who identify as Māori at Radius Peppertree.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>There is a Radius Pacific Health and Wellbeing Plan 2020-2025. There is a Pacific advisor to provide guidance and consultation within the plan. The aim of the plan is to uphold the principles of Pacific peoples. The service can access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Māori independence (mana motuhake) is recognised by staff through their cultural training programmes. Māori cultural activities are individually tailored as per the resident's care plan, with family/whānau providing support as required. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual, as evidenced in the care plans reviewed. This was also confirmed in interviews with five residents (two rest home, two hospital and one young person with disability [YPD]), and eight family members (four rest home and four hospital), confirmed that individual cultural beliefs and values are respected, and residents are encouraged to be as independent as they can be.</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>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to converse in this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with seven care staff (two registered nurses (RN), four healthcare assistants (HCA), and one activities coordinator) confirmed their understanding of tikanga best practice, with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, and promotes staff, resident and tāngata whaikaha participation in te ao Māori.</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</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing their contracts, with staff code of conduct requirements included. Policies address the elimination of discrimination, harassment, and bullying. All staff</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>are held responsible for creating a positive, inclusive and a safe working environment. Staff interviewed stated the workplace had a positive culture supported by management.</p> <p>Radius have a person-centred care approach to all residents which is embedded in policies and procedures. Residents' individuality is recognised, and they are enabled to live their best life. Prioritisation of resident's wellbeing outcomes of all residents including Māori, are evidenced in care planning and policies. At the time of the audit, there were no residents who identified as Māori and Pasifika.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives and documentation sighted confirmed that residents and relatives are involved in the decision-making process, and in the planning of care. Registered nurses interviewed were knowledgeable around tikanga practices 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 an equitable process, provided to all residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written on an electronic complaint register.</p> <p>Twelve complaints were lodged in 2021 and sixteen have been lodged for 2022. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with relatives and residents confirmed they are provided with information on the complaints</p>

		<p>process. All internal complaints have been resolved.</p> <p>There have been two complaints received through the Health and Disability Commissioner in 2022. Information has been sent as requested. The service is waiting on a response from HDC, these complaints remain open. There were no issues identified in this audit in relation to the HDC complaints.</p> <p>Complaints forms and a suggestion box are located in a visible location at the entrance to the facility. Families have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family meetings which are held bimonthly. Interviews with the facility manager and acting clinical nurse manager confirmed their understanding of the complaints process and the importance of face-to-face communications with Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Peppertree has a total of 62 beds and is certified for hospital (geriatric and medical), rest home and residential physical disability services. There are 20 dual-purpose beds, 22 beds are dedicated hospital beds and 20 dedicated rest home beds.</p> <p>At the time of the audit, there were 56 beds occupied: 24 rest home level, including one resident on respite care; 29 hospital level, including one resident on respite care; and three residents on a younger person's disability (YPD) contract at hospital level care. All other residents are under the age-related residential care (ARRC) contract.</p> <p>The Board consists of the Radius Managing Director/Executive Chairman and four professional directors, each with their own expertise. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. 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</p>

		<p>who have been working 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.</p> <p>Radius Peppertree works in consultation with resident and whānau input into reviewing care plans and assessment content to meet resident's cultural values and needs. Resident meetings and surveys provide forums for tāngata whaikaha to provide feedback around all aspects of the service. Survey results are analysed, and results are included in Board reports.</p> <p>The 2021-2022 business plan is specific to Radius Peppertree and describes specific and measurable goals that are regularly reviewed and updated. The plan aligns with the overarching Radius business plan which is approved by the Board.</p> <p>The facility manager has management experience with Te Whatu Ora- Te Pae Hauora o Ruahine o Tararua MidCentral and in community health. They were appointed to the facility manager role at Peppertree in June 2022. They are supported by a regional manager (present during the audit) and national quality manager and an acting clinical nurse manager. The acting clinical nurse manager has been in the role for two months and has worked at Radius Peppertree as an RN for five years. They are supported by a stable team of unit coordinators, RNs, experienced caregivers, and non-clinical staff support the management team. The regional operations manager reports a low turnover of staff.</p> <p>The facility manager and acting clinical nurse manager have maintained at least eight hours of professional development activities related to managing an aged care facility.</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</p>	<p>FA</p>	<p>Radius Peppertree 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 of the service</p>

<p>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>and quality data. 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 in the staffroom.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a comprehensive range of adverse event data. An internal audit programme is being implemented. Information from the quality and risk programme is discussed at staff monthly meetings and corrective actions for any shortfalls were viewed in the meeting minutes. The national quality manager benchmarks data against other Radius facilities and industry standards and an analysis report identifies areas for improvement. Staff have cultural training that aligns with the Māori health plan to ensure delivery of high-quality health care for Māori.</p> <p>The 2022 resident satisfaction survey had been recently completed and indicated that residents have reported high levels of satisfaction with the service provided. Results of the survey have been collated and analysed, and a comprehensive report provided by an external agency. The 2022 results have been communicated to residents in resident meetings (meeting minutes sighted).</p> <p>A risk management plan is in place. The facility manager is the health and safety representative. There is a health and safety committee. Health and safety is discussed at all staff meetings. There is a hazard register that is reviewed three-monthly.</p> <p>All resident incidents and accidents are recorded electronically. Fourteen accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in staff meetings and at handover. Relatives are notified following incidents.</p> <p>Discussions with the acting clinical nurse manager and the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of previous</p>
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		<p>registered nurse shortages. There has been Covid-19 outbreaks in April and August 2022, which were notified appropriately to Public Health authorities.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios in an event of acuity change or outbreak management. The regional manager interviewed confirmed staff needs and weekly hours are included in the weekly report received from the facility manager. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the ARRC safe staffing hours. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. The regional manager and facility manager stated registered nurse recruitment has been difficult over the last 12 months. The facility has sent Section 31 notifications regarding RN shortages. The facility had used a virtual nursing on-call service and international nurses without current New Zealand registration (working as HCAs) to previously cover RN shifts. The regional manager and facility manager stated there is now an RN on each shift. There are currently three RN vacancies; however, the facility manager stated facility RNs cover vacant shifts and the facility manager and acting clinical manager can also cover RN shifts.</p> <p>The facility manager and the acting clinical manager works Monday to Friday 8 am- 4.30 pm. They share on call after hours for all clinical matters. The facility manager is on call for non-clinical matters.</p> <p>Separate cleaning and laundry staff are rostered. 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 to attend to residents.</p>

		<p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of training. Educational courses offered include in-services training and external training through Te Whatu Ora- Te Pae Hauora o Ruahine o Taranaki MidCentral and hospice. Team leader HCAs and RNs have current medication competencies. Registered nurses, team leaders and activities staff have a current first aid certificate. All HCAs are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Sixteen staff have completed levels three and above NZQA qualifications. There is an appropriate mix of HCA level staff on each shift.</p> <p>Registered nurses are supported to maintain their professional competencies. There are implemented competencies for RNs, related to specialised procedures or treatments including (but not limited to) medication management and controlled drugs. At the time of the audit, there were seven RNs employed at Radius Peppertree. Five RNs have completed interRAI training. Staff interviewed report a positive work environment. The organisation shares health information for all residents on quality data which includes information for Māori residents. Educational goals identify that mandatory cultural training, including understanding health equity, has been provided to staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Eight staff files reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position. Information held about staff is kept secure, and confidential. There is an employee ethnicity database. Māori staff files included iwi affiliation.</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>There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The admission policy requires the collection of information that includes, but is not limited to: ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency.</p> <p>The service is working towards collating entry and decline rates for Māori. The service has linkages to Māori communities and organisations at a facility level to benefit future 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>PA Moderate</p>	<p>Five electronic resident files reviewed (two hospital level, one resident funded through a younger person with disability contract (YPD), and two rest home, including one respite). Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. All residents have initial assessments, care plans and long-term care plans documented. However, not all care plans have been developed within expected timeframes; this is a continued shortfall from the previous audit. Care plans reviewed were completed after the interRAI assessment. This is an improvement from the previous audit. The previous shortfall (NZS 8134:2008 criteria # 1.3.3.3) has been met. The individualised electronic long-term care plans are developed in partnership with residents and families, using information gathered during the initial assessments and interRAI assessment; however, not all interventions to meet resident's needs were documented in the care plans reviewed. This is a continued shortfall from the previous audit (NZS 8134:2008 criteria 1.3.5.2). Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss.</p>

	<p>Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly.</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. There are currently no residents who identify as Māori. The registered nurses interviewed had knowledge of the four cornerstones of Māori health model plan 'Te Whare Tapa Whā.' Care plans include the physical, spiritual, whānau, and mental health of the residents.</p> <p>The RNs interviewed were able to describe removing barriers so all residents have access to information and services required to promote independence. The RNs described working alongside residents and relatives when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>Residents have reviews by the GP within required timeframes and when their health status changes. The GP visits the facility weekly and as required. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the GP. Relatives are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes. A physiotherapist visits the facility weekly and reviews residents referred by the clinical nurse manager or RNs.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required requests a GP visit. The resident satisfaction survey completed in August 2022 shows an 80% satisfaction rate related to health care services.</p> <p>Wound management policies and procedures are in place. There were no residents with pressure injuries on the day of the audit. There is a wound log in place. A review of the log evidenced minor</p>
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		<p>wounds such as skin tears. Electronic wound care plan documents assessments, wound management plan, and evaluations are documented with supporting photographs and wound assessments. 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. Adequate dressing supplies were sighted in treatment rooms.</p> <p>Monitoring charts were implemented according to the care plan interventions. Incident reports reviewed evidenced neurological observations were completed for all unwitnessed falls and there was appropriate and timely RN follow up and investigation of all incidents. Any opportunities to prevent future incidents are identified and implemented.</p> <p>Healthcare assistants interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system and entered by the 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>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities team ensure that te reo Māori and tikanga Māori are actively promoted and included in the activities programme. The service does not currently have any Māori residents; however, staff ensure opportunities are facilitated for all residents to participate in te ao Māori.</p> <p>The residents and their families/whānau reported satisfaction with the activities provided.</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.</p>	PA Moderate	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in two medication rooms. The internal audit schedule includes medication management six-monthly. Education around safe medication administration has been provided.</p> <p>Ten medication charts were reviewed; however, not all met</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>prescribing requirements and not all medications had been signed for as administered. 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. A medication round observed evidenced administering medications correctly on the day of audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. There was one rest home resident self-administering medications on the days of audit. The resident has an up-to-date competency in place and stored their inhaler securely.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. Registered nurses advised that the GP prescribes over-the-counter medications. Standing orders are not in use at Radius Peppertree. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>The medication fridges and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy. There were no expired drugs on site on the day of the audit.</p> <p>The registered nurses and management described working in partnership with all residents (including any Māori residents), to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes. The service has close liaison with the dispensing pharmacy to ensure that prescribed medications are available to residents. In discussion with the management, there have been no issues with the availability of prescribed medication for residents. Over the counter medication and traditional Māori medicine must be prescribed by the GP/NP. The service advises that they would work</p>
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		with whānau and the pharmacy to access medications If required.
<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>There is a fully functional kitchen, and all food is cooked on site. There is a food services manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff.</p> <p>The service understands tapu and noa, ensures all staff adhere to tapu and noa. The service is consistent with a logical Māori view of food hygiene and aligns with good food safety practices. There is a documented cultural food programme that can be implemented, where menus are available for people of different cultures so the kitchen can provide culturally appropriate meals as required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a Radius resident transfer/discharge policy to ensure a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions.</p> <p>Interviews with the clinical manager and RNs and review of residents’ files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and 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</p>	FA	<p>The building has a current building warrant of fitness. There is an implemented annual maintenance plan. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Hot water temperature is monitored and remains within acceptable ranges.</p> <p>The facility is homelike and inclusive of individual resident’s cultures. Individual rooms included furnishings and items personal to the</p>

<p>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>resident. The service currently has no plans for building or major refurbishments; however, the management team interviewed were aware of their obligation to seek input from Māori to ensure their aspirations are reflected in the design.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed and this is repeated every six months. The facility uses a contracted evacuation specialist to conduct these fire drills.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors are alarmed. Currently, under Covid restrictions, visitors are controlled through a screening process for symptoms and body temperature is measured at entry.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A pandemic response plan was developed at head office and included site specific procedures. Emergency training is completed annually by staff. Personal protective equipment (PPE) is ordered, and stock balance is maintained to support any outbreak. Adequate PPE stocks was sighted in a dedicated storage area.</p> <p>Information in te reo Māori is available online if required. The infection prevention and control staff consult with the national cultural safety committee to ensure culturally safe practice and to provide educational resources, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</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-</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and</p>

<p>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>annually. The facility manager completes a report from the analysis that is reported to all staff and head office. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been two Covid-19 outbreaks since the previous audit in April and August 2022. The two outbreaks were documented with evidence of comprehensive management and regular communication with the Public Health service. The infection control coordinator interviewed described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their families were updated regularly.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy confirms that the organisation is working to actively minimise the use of restraint. Strategies implemented include working in partnership with family to ensure the service maintains the dignity of the resident while using the least restrictive practice.</p> <p>There were no residents using restraints at the time of the audit. An interview with the regional manager and the clinical nurse manager (restraint coordinator) described the organisation's commitment to restraint minimisation and implementation across the organisation. The use of restraint (should this be required) would be monitored in the monthly quality, clinical and staff meetings. Restraint usage would also be included in the reporting structure to the management, CEO, and the Board. The management team interviewed confirmed restraint data would be analysed the same as other quality data collated, with a corrective action plan documented (where required). Residents and whānau would be involved in the review processes.</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 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Moderate	<p>All residents on the ARRC contract have interRAI assessments in place. The individualised electronic long-term care plans are developed with information gathered during the initial assessments and interRAI assessment. The development of care plans after the interRAI is an improvement from the previous audit. All residents in the facility have a long-term care plan in place, however, care plan documentation is not always completed or reviewed within expected timeframes. The previous shortfall around timeframes (NZS 8134:2008 criteria 1.3.3 3) is a continued shortfall.</p>	<p>One initial care plan and two long-term care plans had not been documented within timeframes.</p>	<p>Ensure care plans are documented within timeframes.</p> <p>60 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to</p>	PA Moderate	<p>Policies and procedures are in place for safe medicine management. Ten medication charts were reviewed but not all met prescribing requirements and not all medications had been signed for as</p>	<p>i). Two of ten medication charts did not have all medications signed</p>	<p>i). Ensure that all prescribed medications are signed for by the</p>

the scope of the service.		administered.	by the GP. ii). Five of ten medication charts did not have all medications signed as given.	prescriber. ii). Ensure that all medication administered are signed for. 30 days
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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.