

Radius Residential Care Limited - Radius St Joans 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 St Joans Care Centre	
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical	
Dates of audit:	Start date: 21 February 2023	End date: 22 February 2023
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:	73	



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 St Joans is part of the Radius Residential Care group. The service provides rest home, hospital (geriatric and medical) and residential disability (physical and intellectual) levels of care for up to 98 residents. On the day of the audit there was 73 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 Health New Zealand - Waikato. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff and management.

The service is managed by a facility manager (registered nurse) with previous experience in aged care management, supported by a regional manager, national quality manager and a clinical nurse manager. Residents and family/whānau interviewed spoke positively about the service provided.

The service continues with environmental upgrades and room refurbishments since the last audit.

The service has addressed three of the three previous shortfalls identified relating to advance directives, initial assessments and initial care plans, and repairs to some surfaces.

This surveillance audit identified no further improvements.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The Board and senior management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's 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. A Pacific health plan is in place.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

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. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. Policies and risk management plans are implemented to ensure safe measures related to roster cover.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

The activities programme supports community initiatives that meet the health needs and aspirations of Māori and whānau. Individualised, age-appropriate activity care plans are in place for younger residents. In interviews, residents and family/whānau expressed satisfaction with the activities programme provided.

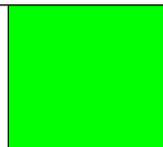
There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service accommodates specific cultural, dietary likes and dislikes of the residents.

Residents are referred or transferred to other health services as required.

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

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

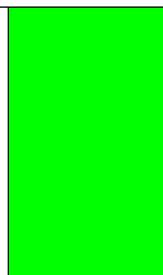


Subsections applicable to this service fully attained.

The building 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.

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

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



Subsections applicable to this service fully attained.

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There was an infection outbreak of Covid-19 in April and July 2022, and this was well managed.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Radius St Joans strives to maintain a restraint-free environment. The restraint policy and business plan both identify the organisations approach to eliminating restraint. At the time of the audit, there was one resident 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	0	0	0
Criteria	0	61	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>On interview, the facility manager stated the organisation supports increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Radius St Joans. The facility links with a work placement organisation that assist Radius St Joans to access Māori applicants and talent. At the time of the audit, there were staff members who identify as Māori employed at St Joans. There is a Māori health plan that documents a commitment to a diverse workforce. Ethnicity data is gathered when staff are employed, and this data is analysed at a governance level.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to</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. The service and organisation are working on establishing links with Pacific organisations to assist in the implementation of their Pacific health plan.</p>

<p>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>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>	FA	<p>The Māori residents interviewed said that all staff respected their rights. Enduring power of attorney (EPOA), whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. There is a Māori health plan and cultural responsiveness for Māori residents' policy that provides guidance on how to support Māori mana motuhake. Staff have completed cultural training which includes Māori rights and health equity.</p> <p>Interviews with 21 staff (fourteen healthcare assistants, two registered nurses, one activities coordinator [DT], one maintenance, one kitchen manager, one kitchen assistant, and one housekeeper), three managers (facility manager [FM], clinical nurse manager [CNM] and national quality manager [NQM]), and review of care plans identified that the service's model of care is resident and family/whānau centred and all confirmed their understanding of Māori motuhake.</p> <p>Seven residents (four rest home, including a younger person with disabilities [YPD], and three hospital) interviewed, and four family/whānau (three hospital, including family/whānau of a YPD hospital, and one rest home), confirmed that individual choices, independence, and cultural beliefs are respected.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The Radius St Joans annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided twice in 2022 to support the provision of culturally inclusive care. The organisation's orientation checklist has a section where the staff member is required to read and understand the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</p> <p>The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies</p>

		<p>and procedures are updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken.</p> <p>The service responds to residents' needs. One younger person with disability interviewed stated they are supported and encourage to maintain links within the community and to participate 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. Te Tiriti: Service providers provide culturally and clinically safe 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>	FA	<p>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. Radius has recently established a national cultural safety committee to ensure wellbeing outcomes for Māori are prioritised. Specific cultural values and beliefs are documented in the resident's care plans and this is the foundation of delivery of care by using a strengths-based and holistic model of care, as evidenced in the resident centred care plans. The Māori health plan describes how care is provided based on the four corners of Te Whare Tapa Whā.</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 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>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. 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. As service providers: We provide people using our services or their legal representatives with the information necessary to</p>	FA	<p>In the six resident files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau's lives. The shortfall identified at the previous audit (NZS 8134:2008 criteria 1.1.10.7) around family/whānau signing for advanced directives has been addressed.</p> <p>The service follows relevant best practice tikanga guidelines in relation to</p>

<p>make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>consent. The informed consent policy links to tikanga guidelines. The service has a policy on cultural responsiveness to Māori perspective of health. The registered nurses interviewed demonstrated a good understanding of informed consent processes. Cultural training includes best tikanga guidelines.</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. 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 equitable and is provided to residents and families/whānau during the resident's entry to the service. A comprehensive 'Welcome to Radius Care' booklet includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. 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, had been addressed promptly. The facility manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is being maintained. Four complaints were lodged in 2021-2022 and one in 2023 year to date. These include a complaint lodged with Te Whatu Ora Health New Zealand – Waikato in March 2022. The service formulated a response within the requested timeframe. The complaint is resolved, and no corrective actions were required in respect of this complaint; however, the service uses this complaint as a case study to complete RN reflective practice that included communication training.</p> <p>The Ministry of Health requested follow up against aspects of a complaint logged through the Health and Disability Commissioner (HDC) on 25 September 2020 that included subsections 1.6 (effective communication), 3.2 (my pathway to wellbeing) and 1.8 (I have the right to complain). There were no identified issues in respect of this complaint. The staff have completed an education session in February 2021 that covered: clinical assessment and observation of the deteriorating adult; effective communication in the healthcare setting; medication; and pain management.</p> <p>Documentation including follow-up letters and resolution, demonstrated</p>

		<p>that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified. All complaints are documented as resolved.</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 St Joans is part of the Radius Residential Care group. The service provides rest home, hospital (geriatric and medical) and residential disability (physical and intellectual) levels of care for up to 98 residents. There are five wings, all designated dual purpose.</p> <p>On the day of the audit there were 73 residents; 24 rest home level residents, including one resident on a long-term support- chronic health care (LTS-CHC) contract; and 49 hospital level residents, including one resident on respite, and one resident on an LTS-CHC contract. Five residents (two rest home and three hospital) were under the young person with a disability (YPD) physical or intellectual contract. The remaining residents were on the age-related residential care contract (ARRC).</p> <p>Radius strategies describe the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan has clear business goals to support their philosophy of 'Caring is our calling'.</p> <p>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. The strategic plan describes annual goals and objectives that support outcomes to achieve equity for Māori. The national cultural committee and Māori advisor supports implementation of the business goals.</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 St Joans are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activities team support residents to maintain links with the community.</p>

		<p>Tāngata whaikaha have meaningful representation through bimonthly resident meetings and annual satisfaction surveys.</p> <p>The facility manager (registered nurse) has been in the role since November 2022 and has four years management experience as a roving facility manager for Radius. The facility manager is supported by a regional manager, a national quality manager and a clinical nurse manager. The clinical nurse manager has been in the role for six months and was a registered nurse for the same facility prior to this position.</p> <p>The facility manager and clinical nurse manager have maintained at least eight hours of professional development activities related to managing an aged care facility and other training includes: advocacy and complaint management; infection control; health and safety; fire safety; emergency procedures; and Covid-19 preparedness.</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>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the 2021 Standard. New policies or changes to policy are communicated and discussed with staff.</p> <p>St Joans 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 minutes of 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; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Monthly clinical meetings and staff meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and closure when achieved. Quality data and trends in data are posted on a quality noticeboard, located adjacent to the staffroom.</p> <p>The 2022 resident satisfaction survey has been completed and indicates</p>

		<p>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 completed. Survey results were communicated to staff and residents (meeting minutes sighted). The national quality manager benchmarks data against other Radius facilities and industry standards. This data is analysed internally to identify areas for improvement.</p> <p>A risk management plan is in place. A health and safety team meets bimonthly, and they provide health and safety as a regular topic in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, reported to the regional manager, and a consolidated report and analysis of all facilities are then provided to the governance body monthly. 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 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 the accident/incident forms reviewed.</p> <p>Discussions with the facility manager and clinical nurse 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 2022 to date relating to RN unavailability.</p> <p>Staff have completed a cultural competency and training sessions to ensure a high-quality service and cultural safe service is provided for Māori. 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.</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</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios and skill mixes in an event of acuity change and outbreak management. The facility manager interviewed confirmed staff needs and weekly hours are included in the weekly report received</p>

<p>whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>from the facility manager. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the ARRC contract with Te Whatu Ora -Waikato. Staffing is flexible to meet the acuity and needs of the residents, and this was 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 clinical nurse manager stated HCA turnover had been similar to previous years and confirmed to be stable. A core of staff has been employed for more than six years. There are no current registered nurse vacancies. There is access to an agency; however, St Joans staff are offered the opportunity to cover shifts when required. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Interviews with residents and families/whānau confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to in a timely manner.</p> <p>The service was granted a temporary waiver for RN virtual support in lieu of a RN on duty till 16 March 2023. The service met all the requirements related to the temporary waiver. There have been four Section 31 notifications relating to RN unavailability on four days for a total of seven shifts, across afternoon and night shifts. The last date recorded of RN unavailability was 23 January 2023.</p> <p>There is a full-time facility manager and clinical nurse manager who work from Monday to Friday and provide on-call cover. Currently the rosters evidence sufficient RN cover, with two RNs on morning and afternoon shifts and one to cover nights shift.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Cultural awareness training has occurred twice in 2022. Toolbox talks are held when required at handovers. External training opportunities for care staff includes training through Te Whatu Ora- Waikato.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of the Treaty of Waitangi and cultural practices relating to Māori. The</p>
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		<p>learning platform and expertise of Māori staff creates opportunities for that workforce to learn about and address inequities. Staff interviewed describe how they are supported to learn te reo.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-five healthcare assistants are employed. Thirty-one healthcare assistants have achieved a level three NZQA qualification or higher.</p> <p>A competency assessment policy is being implemented, including new competency-based programmes which are being implemented to support the registered nurses by upskilling senior HCAs with basic wound cares, and observations. All staff are required to complete competency assessments as part of their orientation. Competency assessments include (but are not limited to): restraint; moving and handling and back care; hand hygiene; and donning and doffing of personal protective clothing. A selection of HCAs completed medication administration competencies. A record of completion is maintained on an electronic human resources system. Additional RN specific competencies are listed and scheduled annually to include subcutaneous fluids, syringe driver, and interRAI assessment competency. Five of eight RNs are interRAI trained.</p> <p>A registered nurse leadership programme has been introduced with the completion of online modules and zoom discussion on leadership and management, in order to strengthen and support the RN workforce. All RNs are encouraged to attend in-service training and complete critical thinking, including: Covid-19 preparedness; wound management; pain management; communication and complaints management; medication; and training related to specific condition's medications, including conditions specific to the YPD residents.</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</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Five staff files reviewed included a signed employment contract, job description, police check, induction</p>

<p>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>documentation 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. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the orientation programmes support RNs and 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>Information held about staff is kept secure, and confidential in an electronic database. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level.</p>
<p>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>Six resident files were reviewed, including three rest home residents (including one resident on a YPD contract and one resident on an LTS-CHC contract) and three hospital level residents (including one on a respite care contract). All residents have admission assessment information collected and an interim plan completed at time of admission.</p> <p>All resident files (except short-term respite) had an interRAI assessment completed. This included residents on the YPD and LTS-CHC contracts.</p> <p>Assessments form the basis of the care plans. All files reviewed had the information, assessments and initial care plans collected within 24 hours of admission. The previous audit shortfall (NZS 8134:2008 # 1.3.3.3) related to the initial care plans not completed within 24 hours has been addressed. The resident on respite care had a comprehensive initial care plan completed and was reviewed on the day of the audit by a physiotherapist to ensure a coordinated discharge back home.</p>

	<p>The general practitioner (GP) completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. The GP was unavailable to be interviewed on both days of the audit. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The clinical nurse manager reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There were 29 active wounds at the time of the audit. Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There was one resident with a pressure injury on the day of the audit (stage II). Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. The electronic wound care plan documents assessments, wound management plan and evaluations are documented with supporting photographs.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the clinical nurse manager and this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes.</p> <p>Person centred care plans were reviewed following interRAI reassessments. The care plans identify resident-focused goals. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The</p>
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		<p>family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The younger resident on a YPD contract's care plan integrated normal routine, hobbies, and social wellbeing. The resident (interviewed) described how the service supports them to maintain family/whānau relationships.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and family/whānau.</p> <p>Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed for unwitnessed falls with or without head injuries. Event forms reviewed evidence family/whānau are notified following incidents. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Opportunities to minimise future risk are identified and implemented.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are</p>	<p>FA</p>	<p>The activities programme is conducted by three activity coordinators, one permanent (qualified diversional therapist) and two working on a part-time basis. The activity coordinator reported that the service supports community initiatives that meet the health needs and aspirations of Māori and whānau. This included visits and activities held in conjunction with the local marae. Residents and family/whānau interviewed felt supported in accessing community activities such as celebrating national events, Matariki, Anzac holidays, Māori language week, local visits from schools, kapa haka groups, and use of basic Māori words. Other activities included poi making and harakeke crafts. Karakia in meetings and celebratory</p>

<p>satisfying to them.</p>		<p>meals are conducted by a resident kaumātua. The planned activities and community connections are suitable for the residents. Opportunities for Māori residents and family/whānau to participate in te ao Māori are facilitated. Van trips are conducted once a week utilising a minibus, shared with a nearby sister site. Family/whānau and residents reported overall satisfaction with the level and variety of 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.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (a paper-based system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments.</p> <p>A total of 12 medicine charts were reviewed. Allergies are indicated, and all photos on medication charts were current. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements. Efficacy of PRNs medication is documented in the progress notes and evidence of this was sighted.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted and evidenced temperatures were maintained within expected ranges. A medication round was observed, and the registered nurse observed to administer medications safely and correctly. Medications were stored safely and securely in the trolleys and locked treatment rooms.</p>

		<p>There are policies in place to facilitate a process for younger persons and other residents who wish and are competent to self-administer medications. There were no residents self-administering medications. No standing orders are in use and no vaccines are kept on site. Any over-the-counter medication and supplements considered by the service to be part of the residents' medications, are charted appropriately. There is a pharmacy contract in place supporting Māori and whānau to access medication.</p> <p>The medication policy clearly outlines residents, including Māori residents and their whānau, are supported to understand their medications. This was confirmed in interviews with the registered nurses.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The kitchen manager presented a new cultural menu in support of this, which included dishes culturally specific to te ao Māori and other cultures. Options include hāngi, hāngi stuffed fry bread, rewena bread, raw fish and boil up. The menu also contained Fijian and Samoan dishes with plans to add further cultural options as the menu develops over the coming months. The interviewed residents and whānau/family expressed satisfaction with the food portions and options.</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</p>	FA	<p>A standard transfer notification form from Te Whatu Ora- Waikato is utilised when residents are required to be transferred to the public hospital or another service. Residents and their family/whānau were involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p> <p>Interviews with the clinical nurse manager, registered nurses and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is</p>

support.		documented and communicated to health providers.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current warrant of fitness which expires on 1 December 2023. There is a planned and reactive maintenance programme in place, all equipment is maintained, serviced and safe. Hot water temperatures are maintained within suitable ranges and checked monthly, and the environment is inclusive of peoples' cultures and supports cultural practices (as observed during audit).</p> <p>Management advised future Radius developments would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</p> <p>The physical environment internally and externally is safe and accessible. There is a ramp access to the outside of the facility to ensure safe access for those residents using mobility equipment. There are handrails within the shower and at the toilet to assist with mobility. Corridors are wide to ensure safe mobility. All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids, including those required by hospital level and residential disability level care residents.</p> <p>The service continues with environmental upgrades and room refurbishments since the last audit. Observation during the facility tour evidence fixtures, fittings, and flooring are appropriate and easy to clean. The previous audit shortfall (NZS HDSS:2008 # 1.4.2.4) around resurfacing and repairs to some areas in the communal toilet in the rest home and the kitchen has been addressed.</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</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 23 October 2012. Fire evacuation drills are held six-monthly.</p> <p>The building is secure after hours and staff complete security checks at night.</p>

<p>event.</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>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. Sufficient infection control resources, including personal protective equipment (PPE), were sighted and are readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</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 of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers and at monthly staff meetings and reported through quality data to the Board. The clinical nurse manager reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced.</p> <p>There have been three Covid-19 outbreaks (March 2022, August 2022, and February 2023) since the previous audit. This was managed effectively with support and advice from Te Whatu Ora New Zealand-Waikato and Public Health. The service is actively working towards including ethnicity data in the surveillance of healthcare-associated infections.</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>Radius St Joans strives to maintain a restraint-free environment. The restraint policy and business plan both identify the organisations approach to eliminating restraint.</p> <p>Restraint use is benchmarked and links to operational goals of reducing and eliminating restraint. The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The restraint coordinator is the facility manager (supported by the clinical nurse manager), who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The service is working towards including a resident or family/whānau advocate on their restraint oversight group.</p> <p>An interview with the restraint coordinator described the organisation’s commitment to restraint minimisation and implementation across the organisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered. On the day of the audit, one hospital resident was using a restraint (bed rails). Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Review of restraint use is completed and discussed at all staff meetings. Training for all staff occurs at orientation and annually.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.