

# Radius Residential Care Limited - Radius Millstream

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## Introduction

This report records the results of a Certification Audit; Partial Provisional Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Radius Residential Care Limited

**Premises audited:** Radius Millstream

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

**Dates of audit:** Start date: 23 November 2023 End date: 24 November 2023

**Proposed changes to current services (if any):** There was a reconfiguration of beds (letter from HealthCERT dated 23 September 2022) since the last audit. This reconfiguration involved reducing the number of dementia level care beds to 10 and increasing the number of rest home level care beds by 10. This resulted in the premise having 10 dementia care level beds, 10 rest home level care beds, and 79 dual purpose (hospital and rest home) beds. The total bed capacity remained at 99.

A further reconfiguration was requested (1 November 2023) to notify of the intent to change the 10 rest home beds to dual purpose beds which will increase the dual-purpose beds to 89 beds with no change to the overall bed numbers. A partial provisional audit conducted verified the 10 rest home beds to be suitable as dual-purpose beds.

**Total beds occupied across all premises included in the audit on the first day of the audit: 88**

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou 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 Millstream is owned and operated by Radius Residential Care Limited. The service provides hospital (medical and geriatric), rest home and dementia level of care for up to 99 residents. On the day of the audit there were 88 residents.

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

The service has previously reconfigured ten dementia beds to rest home beds. This decreased the dementia beds from 20-beds to a 10-bed secure wing. As part of this audit, the ten rest home rooms were verified as suitable for dual purpose care. The dual-purpose rooms increased to 89 beds and the overall bed numbers remain 99.

The facility manager is a registered nurse with experience in aged care. The facility manager is currently being supported by the clinical nurse manager and office manager. These roles are supported by the Radius regional manager and a national quality manager.

This audit has identified the service meets the Ngā Paerewa Health and Disability Services Standard. The service has been awarded a continuous improvement rating around education.

## Ō tātou motika | Our rights

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

Subsections applicable to this service are fully attained.

Radius Millstream provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Radius Millstream provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented

## Hunga mahi me te hanganga | Workforce and structure

Includes five 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.

The business plan includes a mission statement and operational and clinical objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff.

Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated at facility level, reported to the regional manager and a consolidated report and analysis of all Radius facilities are then provided to the Board each month.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight 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>Subsections applicable to this service are fully attained.</p>
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On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Handovers between shifts guide continuity of care and teamwork is encouraged.

The activity programme is provided by a team of activities coordinators who provide a programme with a variety of individual, group activities and maintains resident links with the community. The dementia unit's activities calendar has activities adapted to

encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities.

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 food service meets the nutritional needs of the residents. All meals are prepared on site by an external contractor. The service has a current food control plan. The organisational dietitian reviews the menu plans. Residents and family confirmed satisfaction with meals provided. There are snacks available 24/7.

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 two 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. There is an annual maintenance plan that includes electrical compliance testing, call bell checks, calibration of medical equipment, hot water temperatures and appropriate pest control management. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are all single with some to have own ensuite or shared facilities. Toilets have privacy locks. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate. The dementia unit is secure at all times. Appropriate security measures are implemented.

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

<p>Includes five 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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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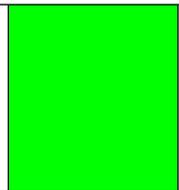
A suite of infection control policies and procedures are documented. There is a comprehensive pandemic plan. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board.

A senior registered nurse is the infection control coordinator. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practices through meetings, and education sessions.

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and specific on-site laundry duties. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes four 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 Care has a documented commitment to eliminate restraint in all their facilities. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were no residents using restraint. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Restraint is an agenda item at quality, staff and clinical meetings.

## 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	27	0	0	0	0	0
Criteria	1	167	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.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has no residents who identify as Māori. Radius is committed to respecting the self-determination, cultural values, and beliefs of Māori residents (if any) and family/whānau and the resident care plan will include a Māori Health care plan based on Te Whare Tapa Whā. Links are established with a Māori community member and Hakatere Marae. Māori assessments are in place and will be completed for residents who identify as Māori.</p> <p>The Radius strategic plan and Māori Health Strategy document support strategies to increase Māori capacity by employing and recruiting Māori staff at Radius Millstream. Radius Millstream business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were no staff members who identify as Māori. Radius is supporting Māori staff to succeed in the workplace. Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Interviews with twenty-one staff (11 healthcare assistants [HCA], four registered nurses [RNs], two cleaner/laundry assistants, one maintenance person, three activities coordinators) and five managers (facility manager, office manager,</p>

		clinical nurse manager, national quality manager and clinical nurse manager) and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Radius Pacific Health Plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit and the facility manager confirmed that the residents' family/whānau will be encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>Radius Millstream partners with their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. The Health and Disability Commissioner's (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pasifika languages.</p> <p>The service is actively recruiting new staff. There are currently staff employed that identify as Pasifika. The facility manager described how Radius increases the capacity and capability of the Pacific workforce as described in the business plan.</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>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical nurse manager or registered nurse discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, and te reo Māori.</p> <p>Discussions relating to the Code are held during the two-monthly resident meetings. Families are invited to attend. Residents and</p>

		<p>family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Church services are held weekly. Staff have completed cultural training which includes Māori rights, Māori model of care and health equity. The service recognises Māori mana motuhake, which reflects in the Radius Millstream business and quality plan for 2023-2024 and Radius Māori health Strategy.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Interviews with nine residents (seven rest home and two hospital) and nine family/whānau (two hospital, four rest home and three dementia) confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality 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>	<p>FA</p>	<p>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents have control over their choice and personal matters including choice over activities they participate in and who they socialise with.</p> <p>The Radius annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha</p>

		<p>when planning or changing services.</p> <p>It was observed that residents are treated with dignity, respect and spoke to in a courteous manner. Satisfaction surveys are completed annually to survey resident satisfaction in relation to upholding resident's rights and privacy.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit their family member. A married couple (rest home) commented that staff attended to their needs in a timely manner.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>The facility manager confirmed that cultural diversity is embedded at Radius Millstream, and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga Māori flip chart is available for staff to use and te reo resources are available on the education platform.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care and tikanga 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>An abuse and neglect policy is being implemented. Radius Millstream policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to</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>celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. Radius Māori Health Strategy includes strategies to abolishing institutional racism.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The staff engagement survey for October 2023 (sighted), evidence positive comments related to teamwork and a positive workplace culture. Te Whare Tapa Whā is recognised and the care plans identify resident focussed goals and reflects a person-centred model of care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/family/whānau on admission. Resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified</p>

		<p>family/whānau were kept informed. This was also confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice and Te Whatu Ora Health New Zealand – Waitaha Canterbury specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. The electronic register captured numerous compliments from family/whānau which evidence effective communication. Interview with the hospice nurse evidenced effective communication between healthcare professionals.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes through regular communication and newsletters. Resident meetings are held bi-monthly with an independent Aged Concern advocate facilitating the meetings.</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</p>	<p>FA</p>	<p>Resuscitation Management, Resident Representative, Enduring Power of Attorney (EPOA) policies guide staff around informed consent processes. The resident files reviewed included signed general consent forms. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p>

<p>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>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. An informed consent audit completed in June 2023 evidenced full compliance and resuscitation orders are completed and reviewed as per the Resuscitation management policy.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated an activation letter and incapacity assessment was on file, this includes the two files reviewed of residents in the dementia unit.</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 management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC).</p> <p>There is one open HDC complaint from January 2022 awaiting final resolution. Seven complaints have been lodged since the previous audit. There were no identified trends in respect of these complaints. Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the facility (staff and quality) meetings (meeting minutes sighted). Higher risk complaints are managed with the support of the regional manager.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a</p>

		<p>concern. Resident meetings are chaired by an independent resident advocate where concerns can be raised. During interviews with family/whānau, they confirmed the facility manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist future Māori residents in the complaints process. The complaints management procedure ensures Māori residents (if any) are supported to ensure an equitable complaints process. The facility manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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 Millstream has a total of 99 beds and is certified for rest home, hospital (including medical) and dementia level of care.</p> <p>There was a reconfiguration of beds (letter from HealthCERT dated 23 September 2022) since the last audit. This reconfiguration involved reducing the number of dementia level care beds to 10 and increasing the number of rest home level care beds by 10. This resulted in the premise having 10 dementia care level beds, 10 rest home level care beds, and 79 dual purpose (hospital and rest home) beds. The total bed capacity remained at 99.</p> <p>A further reconfiguration was requested (1 November 2023) to notify of the intent to change the 10 rest home beds to dual purpose beds which will increase the dual-purpose beds to 89 beds with no change to the overall bed number of beds.</p> <p>At the time of the audit there were 88 beds occupied; 42 rest home level care residents which included seven residents in the serviced apartments (one was on respite care) and 9 residents in the secure dementia unit. There were 37 residents at hospital level of care including one resident in the serviced apartments. All residents except one on a respite care contract are under the age-related residential care (ARRC) contract.</p> <p>Radius strategies describe the vision, values, and objectives of Radius aged care facilities. The overarching Radius Care strategic</p>

	<p>plan 2023-2028 has clear business goals to support their philosophy 'Caring is our calling'. The 2023-2024 Radius Millstream business plan describes specific and measurable goals that are regularly reviewed and updated. These site-specific goals relate to business and services; leadership and management; financial leadership and management; risk management and marketing; advertising, and promotion; and clinical quality goals related to safe medication management, compliance of clinical documentation, infection control and antimicrobial stewardship and continuation of the restraint free environment. Goals are regularly reviewed, evidenced in monthly reporting.</p> <p>The national quality manager and regional manager interviewed confirm there were no changes to the governance. The Governance Board consists of the Radius managing director/executive chairman and four professional directors, each with their own expertise. A Māori health strategy is actioned at Board level. There is a Māori cultural advisor to the board to advise on any issues requiring cultural oversight and direction. The terms of reference for the Radius Governance Body adheres to a documented agreed terms and reference. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, 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 as documented in the strategic plan.</p> <p>The chief executive officer (CEO) is responsible for the overall leadership of the management team. As part of the CEO's role, responsibility for the operations lies with senior management team of Radius Residential Care. The weekly and monthly reporting structure informs the CEO and Board of operations across the organisation. Ethnicity data is captured electronically at facility level and a three-monthly report is generated for the National Cultural Committee to review. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity and outcomes for all residents.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses</p>
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		<p>barriers to equitable service delivery. The working practices at Radius Millstream are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for whānau are provided through general feedback to participate in the planning and implementation of service delivery. There is a National Cultural committee that meets three monthly to consider how decisions best reflect a cultural response to strengthen Māori influence.</p> <p>Clinical governance is overseen by the organisation’s national quality manager and the risk and compliance manager, includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI’s). These outcomes and corrective actions are discussed at the compliance and risk meeting led by one of the Board members. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved.</p> <p>The facility manager has been in the role for seven years and is a registered nurse. The facility manager is supported by a regional manager, the Radius national quality manager, and a clinical nurse manager who is experienced in aged care; and been in their role for the past five years.</p> <p>The facility manager and the clinical manager has completed other professional development activities in excess of eight hours annually, related to managing an aged care facility.</p> <p>Partial provisional audit:</p> <p>A further reconfiguration was requested (1 November 2023) to notify of the intend to change the 10 rest home beds to dual purpose beds which will increase the dual-purpose beds to 89 beds with no change to the overall bed numbers. A partial provisional conducted verified the 10 rest home beds to be suitable as dual-purpose beds.</p>
Subsection 2.2: Quality and risk	FA	Radius Millstream is implementing a quality and risk management

<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>programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (e.g., falls, medication errors, infections, skin integrity/tears, complaints, restraints).</p> <p>A range of monthly meetings (e.g, triangle of support, staff/quality, RN/restraint, health and safety) provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staff room. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis including benchmarking, feedback through residents' meetings and complaints management provides an avenue for critical analysis of work practices to ensure health equity.</p> <p>Quality improvement plans have been documented and include progress and monitoring on contractual requirements for completion of interRAI following an internal audit; medication errors following a quality review of medication management. The facility implemented an electronic medicine management system in September 2022.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. The service developed and implemented Unleash EPEC (exceptional people, exceptional care) training for international qualified nurses (IQN) and registered nurses (link CI 2.3.5) that proved to benefit resident outcomes. Cultural safety is embedded in the quality system. Tāngata whaikaha have meaningful representation through resident meetings and six-monthly care conferences.</p> <p>The results of the 2023 resident and family/whānau satisfaction survey results have been compared with previous surveys and corrective action plans developed for any areas of concern that may come up: however, all areas of service delivery evidence overall performance result of 97%. The residents, family/whānau and staff</p>
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		<p>received the results.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the national quality manager. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety team, led by the health and safety representative, meets monthly. One health and safety representative was interviewed and confirmed they all received external training for their role. Hazard identification forms and an up-to-date hazard register were reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff/quality and health and safety meetings. Staff incidents, hazards and risk information is collated at facility level, reported at company level by the support office to the operations management team and a consolidated report of the analysis of facilities are provided to the board.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Radius facilities. These results have been consistent. Ethnicity data is linked to benchmarking data. The electronic resident management system escalates alerts to Radius senior team members depending on the risk level. Results are discussed in meetings and at handover. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with RNs and HCAs. Internal audit on Accident and incident reporting was completed September 2023 evidence full compliance.</p> <p>Discussions with the facility manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been five section 31 notifications completed to notify HealthCERT of RN shortages since last audit (in April to June 2023) and one for a pressure injury (October 2023).</p> <p>Public Health authorities have been notified in relation to one Covid-</p>
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		19 outbreak in May 2023 and one Norovirus outbreak in October 2023.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Radius has developed a virtual RN role. This includes a team of RNs working remotely from their place of residence, providing virtual support to a level four healthcare assistant (also includes internationally qualified nurses IQN). Radius Millstream was not able to meet contractual requirements for 24/7 registered nurse cover for five nights shifts between April to June 2023, following resignation of RNs. Radius Millstream has completed and submitted five RN shortage section 31 notifications to the ministry and Te Whatu Ora–Waitaha Canterbury. Radius Millstream is no longer using the virtual RN service. The rosters reviewed evidence any vacancies and unplanned absence have been covered.</p> <p>Radius recruitment strategies and initiatives to attract international qualified nurses (IQN) have been successful. Radius implemented their own Radius staff agency to provide staff to their own facilities and other organisations. Since 19 June 2023, the roster has been fully covered 24/7 by registered nurses with one registered nurse on morning, afternoon and on night shifts. There is one internationally qualified nurse who has completed the competency assessment programme, is now registered with New Zealand Nursing Council; however, still awaiting their visa to be able to work as a RN at Radius Millstream. With this position filled there will be no registered nurse vacancies.</p> <p>All RNs, the activities team and maintenance person hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>There are four RNs across the service on morning shift (two in the hospital, one in the rest home/serviced apartments and one in the dementia unit) and two RNs in the afternoon with the rest home/serviced apartment RN overseeing the dementia unit and one RN for the night. The RNs are supported by medication competent</p>

	<p>level four healthcare assistants. The serviced apartments are rostered separately and the healthcare assistant on night in the rest home oversees the serviced apartments. The hospital level resident in the serviced apartment was non-complex.</p> <p>Healthcare assistants reported staffing is adequate. The roster reviewed for the last three weeks were fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The facility manager interviewed confirm call bell reports are regularly reviewed to ensure timely attendance to residents` needs.</p> <p>The facility manager and the clinical nurse manager work full-time (Monday to Friday). The RNs on shift manage most of the queries and staffing cover with the clinical nurse manager and facility manager providing support out of hours.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. This includes staff completing a cultural competency. External training opportunities for care staff include training through Te Whatu Ora- Waitaha Canterbury and hospice.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning about and address inequities.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-eight healthcare assistants are employed and 83% hold the national certificate in health and wellbeing level two or above. Radius supports all employees to transition through the NZQA certificate in health and wellbeing. There are ten HCAs employed and working in the dementia unit. Nine of these have completed the relevant dementia</p>
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	<p>standards as per clause E4.5.f of the aged-related residential service agreement 2022-2023 with the remaining one in the process of completing the required unit standards. A further seven staff with dementia standards working in other areas also provide coverage for staff in the dementia unit. These staff have training and experience in the dementia area. The RN overseeing the dementia unit has experience and training in the care of older people with dementia and the ageing process.</p> <p>A training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. All RNs have attended in-service training which included medical conditions specific to the current residents. The service has attained a continuous improvement rating for the development and implementation of Unleash EPEC (exceptional people exceptional care) training for International qualified nurses (IQN) and registered nurses [RN]. Four RNs including the clinical nurse manager are interRAI trained.</p> <p>All HCAs are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, hand hygiene and cultural competencies. A selection of healthcare assistants completes annual medication administration competencies. A record of completion is maintained on an electronic human resources system.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals. Staff wellness is encouraged through participation in health and wellbeing activities and initiatives. Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers and workplace initiatives are encouraged.</p> <p>Partial provisional audit:</p> <p>This audit has verified the service as suitable to utilise the 10-rest</p>
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		<p>home only rooms for rest home or hospital level residents. All rooms were occupied by rest home level residents at the time of the audit. The roster reviewed evidence the RN from the rest home provides oversight in the morning and the hospital RN provides oversight in the afternoon and night. There is a draft roster for five and ten hospital level residents are sufficient number of HCAs rostered to provide safe care for residents at a higher level of care.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are on an electronic human resources system. Nine staff files reviewed (four HCAs, one cleaner/laundry assistant, three RNs, one maintenance person) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff have a three-monthly appraisal following their period of orientation, followed by annual performance appraisals. All performance appraisals were completed as per the appraisal schedule.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and healthcare assistants to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</p> <p>Partial provisional audit:</p>

		This audit has verified the service as suitable to utilise the 10-rest home only rooms for rest home or hospital level residents. The roster reviewed evidence staff skills, staff numbers, orientation, training and education suitable to care for residents at a higher level of care.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a clinical records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Radius business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration</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</p>	FA	<p>On enquiry, an information booklet detailing entry criteria is provided to prospective residents and their family/whānau. Additional specific information is provided for dementia level care residents. 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>The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, and</p>

<p>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>general practitioner (GP) are informed of the decline to entry. Alternative services when possible are to be offered and documentation of reason in internal files. The resident would be declined entry if not within the scope of the service or if a bed were not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service.</p> <p>The admission entry and declining policy requires the collection of information that includes (but is not limited to); ethnicity, spoken language, interpreter requirements, iwi, hapu, religion, and referring agency. Interviews with residents and family/whānau and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity is being collected and analysed by the service. The clinical nurse manager described having access to Māori service providers through Te Whatu Ora- Waitaha Canterbury. The RNs described how they support residents to maintain their relationships in the community.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Ten electronic resident files were reviewed: four rest home level including one resident on a respite contract (serviced apartments), four hospital, and two files of residents in the dementia unit. Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans.</p> <p>All residents have admission assessment information collated and an initial care plan completed within required timeframes (including the resident on respite care). All interRAI assessments, re-assessments, care plan development and reviews have been completed within the contractual required timeframes for all long-term residents.</p> <p>A suite of risk assessments are available on the electronic system. Appropriate risk assessments are conducted on admission. A cultural assessment has been implemented for all residents. For the resident</p>

	<p>files reviewed, the outcomes from assessments and risk assessments were reflected into care plans. The care plans identify resident focussed goals, recognise Te Whare Tapa Whā and reflects a person-centred model of care. The care plans identify key assessed risks, including medical risks and initial interventions reflective of interRAI assessments describe in detail all support required to address assessed needs.</p> <p>Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others form the basis of the long-term care plans. The service supports Māori and family/whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Residents in the dementia unit all have a behaviour assessment and a behaviour plan with associated risks and supports needed and includes strategies for managing/diversion of behaviours over a 24-hour period. The activities (leisure) care plan includes residents' preferences and general routines to assist in managing behaviours.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. A group of five medical practises including eight GP's and two nurse practitioners provide medical support to the facility. After hours support up to 8pm at night and weekends is provided by the practises on a rotational basis. After 8pm in the evening all enquiries go to the local hospital. One GP (interviewed) was complimentary of the care, communication, and the quality of the service provided. The GP also stated they felt staff went the extra mile to ensure residents enjoyed their life at Millstream by involving residents in activities and providing environmental displays to enhance the residents' enjoyment. The GP has remote access to the electronic resident management system and the medication charts.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and an organisational dietitian, speech language therapist,</p>
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		<p>older person mental health team, hospice nurse and wound care nurse specialist is available as required through the local Te Whatu Ora - Waitaha Canterbury. The physiotherapist visits the facility for four hours a week.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Healthcare assistants complete task lists that reflect within the progress notes on every shift. When changes occur with the residents health these are reflected in the electronic progress notes to provide an evolving picture of the resident` journey.</p> <p>Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level care residents. There is regular documented input from the GP and allied health professionals. Residents interviewed reported their needs and expectations were being met. When a resident`s condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family /whānau.</p> <p>There were 34 wounds across the service including two stage 2 and one stage 3 pressure injury, skin tears, grazes, surgical wounds and skin conditions. Assessments and wound management plans including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There have been education sessions held around wound care and pressure injury prevention and management. There are two designated wound champions who have received external training and support other staff.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources as sighted during the audit. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for</p>
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		<p>individual residents. Healthcare assistants complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; intentional rounding; blood sugar levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans have been updated following the six monthly multidisciplinary (MDT) meeting and to reflect the interRAI reassessment, or sooner when changes have occurred. Family/whānau are invited to attend the care plan review meeting.</p> <p>Short term issues such as infections, weight loss, and wounds are addressed in an electronic short-term care plan.</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 residents' activities programme is implemented by a team of three full time activities coordinators. All activities coordinators work Monday to Friday and on special occasions will also work public holidays and weekends. Two activities staff share the hospital and rest home wings including the serviced apartments. One activities coordinator is based in the dementia unit. Healthcare assistants have access to a cupboard with table games, puzzles, quizzes, and other resources to assist with activities after hours and weekends. A selection of movies is available for residents. The activities programme is displayed on a noticeboard in the communal area and on individual resident noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the activities staff occur regularly. An outing is organised weekly and regular visits from community visitors occur. Church services are held weekly and include multi-</p>

		<p>denominational and catholic services are also available.</p> <p>The Mid Canterbury volunteer service provide assistance at Radius Millstream with entertainment, craft, pet therapy and activities support. All volunteers are inducted to the service.</p> <p>The activity coordinators integrate te reo in the daily programme with the use of te reo phrases and everyday words as part of the daily activities programme. Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. The activities coordinators utilise Māori connections to embed te ao Māori within activities of the facility.</p> <p>The residents' activities assessments are completed by the activity coordinators in conjunction with the RN on admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment and resident profile (about me and life history) which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>Residents in the secure dementia areas had 24-hour activity plans which included strategies for distraction and de-escalation. The dementia unit's activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities including domestic like chores, baking and music therapy. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>The residents and their family/whānau reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held with a resident advocate chairing each meeting. Opportunities for discussion are facilitated and the advocate raises concerns with the facility manager, clinical nurse manager and activities staff.</p>
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<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 identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities have been recorded on the electronic medication chart, and all medication charts have current photo identification.</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. The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications are stored securely in accordance with requirements. The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical nurse manager or registered nurses. Medication information for residents and family/whānau can be accessed online as needed.</p> <p>There was one resident self-administering medication on the day of the audit. A self-medication competency is documented three monthly and includes approval by the GP. The resident has a locked draw in their room There are documented procedures in place around safe self-administration. There are no vaccines stored on site, and no standing orders are used.</p> <p>The medication policy describes use of over-the-counter medications</p>

		<p>and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interview with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</p> <p>Partial provisional audit:</p> <p>This audit has verified the service as suitable to utilise the 10-rest home only rooms for rest home or hospital level residents. The current medication room is suitable. Medication administration processes will remain unchanged. Staff who administer medication are competent to do so.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Food services at Radius Millstream are provided by an external catering company. All food and baking are prepared onsite. The external catering company employ all kitchen staff. The facility employ staff who deliver the morning and afternoon tea and serve meals.</p> <p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the kitchen manager interviewed confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents who identify as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>Meals are plated in the kitchen and served directly to the residents in the dining room. Food is plated and transported in hotboxes to each area and any residents choosing to have their meals in their rooms and is served by healthcare assistants.</p> <p>The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. The food service is</p>

		<p>provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. The food control plan is current. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The kitchen manager (interviewed) is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer is electronically monitored through an electronic platform. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview the kitchen manager was familiar with the concepts of tapu and noa. The kitchen manager discussed occasions where the service has provided culturally appropriate meal services. Culturally specific menu options are identified on the menu and includes cultural selections appropriate for Māori, Pasifika and Asian. Snacks are available all day and special utensils are available to use.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings (family/whānau invited) and in the annual residents' survey. Residents and family/whānau interviewed stated that they were satisfied with the meals provided.</p> <p>Partial provisional audit:</p> <p>This audit has verified the service as suitable to utilise the 10-rest home only rooms for rest home or hospital level residents. The kitchen manager confirmed no changes to the food service is required. There are sufficient staff and space to provide supervision with meals.</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>FA</p>	<p>There is a Radius discharge, transition, and transfer policy. Transition, exit, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are advised</p>

<p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the clinical nurse manager, 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. A verbal handover is provided, and the facility utilise the yellow envelope Te Whatu Ora transfer documentation system to ensure consistency of transfer processes</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has two current building warrant of fitness certificates. The care centre building warrant of fitness expires on 13 July 2024, and the serviced apartment building warrant of fitness expires on 15 May 2024. There is a full-time maintenance person responsible for implementing the annual organisational maintenance programme. Maintenance requests are logged through the electronic system and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures and appropriate pest control management. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available as required. Checking and calibration of medical equipment, hoists and scales is completed annually. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>The care facility has a number of quiet seating areas and a large open lounge and dining area in each unit. The services apartment has a separate lounge and a separate dining room. The dining areas are</p>

	<p>spacious for residents to move around with mobility aids and are directly off the servery area. There is safe access to all communal areas. All bedrooms and communal areas have sufficient natural light and ventilation. There is underfloor heating in all areas, and there are also heat pumps/ air conditioning units in the communal areas. The temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that this is effective. Each unit has a nurses' station and its own kitchenette area. All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where required. The facility has a mobility scooter parking/charging bay.</p> <p>All outdoor areas well maintained and are accessible and safe for residents' use. Seating and shade are provided. There is an interesting and secure garden for the dementia unit. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p> <p>All resident rooms except four have individual ensuite. There are two rooms in the hospital and two rooms in the rest home with shared ensuites. There were sufficient numbers of resident communal bathrooms and toilets in close proximity to resident rooms and communal areas. There are separate staff and visitor toilets. Toilets were well identifiable and included privacy locks. Residents interviewed stated their privacy and dignity were maintained while attending to their personal cares and hygiene.</p> <p>There are no plans for building or major refurbishments. If this is planned in the future, the manager and organisation are aware of their obligation to seek advice from Māori. This would be coordinated from Head office staff.</p> <p>Partial provisional:</p> <p>This audit has verified the service as suitable to utilise a further 10 rest home only rooms for rest home or hospital level residents. All rooms are single occupancy with ensuite toilet and shower; there are two rooms that share an ensuite shower and toilet. There is flowing soap, handtowels and alcogel in the hallways and ensuite areas. All rooms including flooring are suitable for hospital level residents, there</p>
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		<p>are sufficient extra dining areas, equipment space and lounges are large enough to cater for the equipment associated with extra residents at the higher level of care. There is safe level excess to the outdoors. There is sufficient storage for continence products.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The emergency planning includes business continuity plans in case of an emergency/disaster.</p> <p>A fire evacuation plan is in place for the main building (22 June 2016) and the apartments (22 May 2018) that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies(sighted) are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage there is back-up power available with one large for the hospital, rest and dementia areas and one smaller generator for the apartments. There are adequate supplies in the event of a civil defence emergency including water stores (tank water) to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms and ensuite, communal toilets, shower rooms and lounge/dining room areas. Sensor mats are used for fall prevention management. These are audible and are displayed on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells near to them. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p>

		<p>The building is secure after hours and staff complete security checks at night. The front doors automatically lock at night. Currently, under Covid-19 precautions, visitors are controlled through a screening process for symptoms and body temperature is measured at entry. The dementia unit is secure at all times.</p> <p>Partial provisional:</p> <p>The two doors that were previously part of the dementia unit are deactivated. This audit has verified the service as suitable to utilise a further 10 rest home only rooms for rest home or hospital level residents. Evacuation lists with residents' mobility requirements are regularly updated. Call bells are suitable to summon health care staff. The fire evacuation scheme remains unchanged.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Radius strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>The Radius organisation have personnel with expertise in infection control and AMS as part of their senior management team. Expertise can also be accessed from Radius quality manager, Public Health, and Te Whatu Ora-Waitaha Canterbury, who can supply Radius with infection control resources.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the Radius Board. The clinical team report pandemic analysis weekly to the regional manager whose report is available to the CEO/Board. Outbreak of other infectious diseases is reported if and when they occur. Monthly compliance and risk reports are completed for all facilities by the compliance and risk manager for the CEO. Monthly collation of data is completed, trends are analysed and then referred back to the facilities for action.</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the national clinical team, the GP, and the Public Health team.</p>

		<p>External resources and support are available through external specialists, microbiologist, GP, wound nurse, and Te Whatu Ora- Waitaha Canterbury when required. Overall effectiveness of the programme is monitored by the facility management team.</p> <p>The registered nurse in the rest home is the infection control coordinator. A documented and signed role description for the position is in place. The infection control coordinator reports to the clinical nurse manager.</p> <p>There are adequate resources to implement the infection control programme at Radius Millstream. The infection control coordinator is responsible for implementing the infection control programme, liaises with the infection control committee who meet monthly as part of the staff/quality meeting and as required.</p> <p>Infection control reports are discussed at the staff/quality meetings. The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p> <p>Partial provisional:</p> <p>This audit has verified the service as suitable to utilise a further 10 rest home only rooms for rest home or hospital level residents. There will be no changes to the infection control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and AMS programmes are reviewed annually and is linked to the quality and business plan.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired</p>

		<p>infection (HAI); and the built environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE), were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Radius has an organisational pandemic response plan in place which is reviewed and tested at regular intervals. The infection control coordinator and infection control committee have input when infection control policies and procedures are reviewed.</p> <p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection control nurse has access to an online training system with resources, guidelines, and best practice. The infection control nurse has completed infection control audits.</p> <p>At site level, the facility manager and infection control nurse have responsibility for purchasing consumables. All other equipment/resources are purchased at national level. Infection control personnel have input into new buildings or significant changes, which occurs at national level and involves the head of resident risk and the regional managers. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through handwashing, sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection control and staff are trained in cultural safety.</p> <p>Partial provisional:</p>
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		This audit has verified the service as suitable to utilise a further 10 rest home only rooms for rest home or hospital level residents. There will be no changes to the infection control programme.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at quality meetings.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Further discussion takes place at senior management level and is reported to the Board. Trends are identified both at site level and national level. Feedback occurs from national senior management level.</p> <p>Partial provisional:</p> <p>This audit has verified the service as suitable to utilise a further 10 rest home only rooms for rest home or hospital level residents. There will be no changes to the monitoring activities related to the AMS programme.</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>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator (facility manager) uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with</p>

		<p>outcomes and actions are discussed at the infection control, quality, and staff meetings. Meeting minutes are available to staff. Ethnicity data is included in benchmarking of infection control data at national level. Review of benchmarking data shows that Radius Millstream has consistently had low infection rates compared to other Radius facilities. Specifically with urinary tract infections, the service has ensured good practice such as extra fluid rounds, perineal hygiene practices and resident and staff education around prevention strategies.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>There has been one Covid-19 outbreak in May 2023 and one Norovirus outbreak in October 2023. The outbreaks were managed effectively. Outbreak meetings occurred regularly. Staff were working in bubbles with no sharing of staff in areas that had infectious residents. Residents and family/whānau were updated regularly through the outbreaks. Staff continue to do rapid antigen tests (RAT) on themselves, and residents as clinically indicated.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Visitors to the facility are scanned for temperature monitoring and record keeping of all incoming and outgoing visits is maintained.</p> <p>Partial provisional:</p> <p>This audit has verified the service as suitable to utilise a further 10 rest home only rooms for rest home or hospital level residents. There will be no changes to the infection surveillance activities.</p>
Subsection 5.5: Environment	FA	The facility implements Radius waste management policies that conform to legislative and local council requirements. Policies include

<p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>(but are not limited to): considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, laundry/cleaner's room. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas. There is a sluice room in each of the units with sanitisers and adequate supplies of PPE, including eye wear.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked room for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety training.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. Only delicate resident's clothing and items are sorted and laundered on site. All linen, towels, other personal clothing and mop heads are laundered off site by a contracted laundering service company. Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process. Residents' clothing is labelled, received in mesh bags and personally delivered to their rooms. Residents and family/whānau confirmed satisfaction with laundry services in interviews and in satisfaction surveys. Any concerns that arise are immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and</p>
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		<p>maintenance activities. It details consultation by the infection control team. There were no construction, installation, or maintenance in progress at the time of the audit. Infection control internal audits are completed by the IC coordinator.</p> <p>Partial provisional</p> <p>This audit has verified the service as suitable to utilise a further 10 rest home only rooms for rest home or hospital level residents. There will be no changes to the cleaning and laundry service. There is a locked/secure sluice in the area where the ten rooms are situated with a sanitiser, handwashing facilities and PPE. There are enough shelf space for any increase in linen.</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 approval process is described in the restraint policy and provide guidance on the safe use of restraints. The clinical nurse manager supports the restraint coordinator (RN) and provides support and oversight for restraint management in the facility.</p> <p>The clinical nurse manager interviewed is conversant with restraint policies and procedures. The restraint policy confirms that restraint consideration and application would be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, Radius Millstream will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility continues to be restraint free with no residents using restraints. The clinical nurse manager confirmed Millstream is committed to providing services to residents without use of restraint, thus maintaining a restraint-free environment. The organisational plan evidence a Radius Care commitment to maintain a restraint free environment.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident (where appropriate), EPOA, GP, restraint coordinator and cultural advisor (if required).</p> <p>The use of restraint (if any) would be reported in the combined quality</p>

		<p>and staff meetings. The reporting process to the governance body includes restraint data that is gathered and analysed monthly.</p> <p>Training for all staff occurs at orientation and annually. This includes a competency assessment</p>
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## Specific results for criterion where corrective actions are required

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.5</p> <p>Service providers shall assist with training and support for people and service providers to maximise people and whānau receiving services participation in the service.</p>	CI	<p>Due to the Covid-19 pandemic and the national workforce shortage, particularly amongst RNs. Radius Millstream had successful recruitment strategies to employ international qualified registered nurses (IQN). Radius Millstream could meet their immediate contractual obligations; however, the nurses and management identified that there was a knowledge gap with newly employed IQNs. Radius Millstream implemented the new developed Radius Unleash EPEC (exceptional people exceptional care) training led by Radius quality manager and Radius education manager for their new RNs.</p>	<p>The comprehensive training 10-week programme was designed to address the shortfalls in the newly employed IQNs knowledge. The IQNs lack prior experience in aged care and were unfamiliar with the New Zealand healthcare system. The programme includes 40 hours of virtual training and 40 hours of completion of a workbook including several reflection sessions on various topics. This led to several opportunities for continuous improvement, particular in the areas of cultural adaptation, cultural safety and cultural awareness, communication and developing of aged care specific skill set. Participants and the management team completed surveys prior to training to identify the challenges. Participants and management were again surveyed after completion of the training. Positive outcomes include:(a) improved communication within the clinical team as evidenced by statements from multidisciplinary team members (hospice nurse interviewed) including the GP;(b)</p>

			<p>increase in IQN confidence to provide cultural safe care as evidence through their written feedback and reflective practice narratives; (c) improvement in their reporting and observation skills that led to early resident intervention when required and improved the quality of care of residents.</p> <p>The resident and family/whānau survey evidence an increase of the overall performance from 92% in 2022 to 97% in 2023 with an increase in satisfaction in communication (85%) and provision of healthcare services (93%).</p>
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End of the report.