

Radius Residential Care Limited - Radius Potter Home

Introduction

This report records the results of a Certification 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 Potter Home

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

Dates of audit: Start date: 5 March 2024 End date: 6 March 2024

Proposed changes to current services (if any): At the previous surveillance audit, there were a total of 57 beds. Two double rooms have been refurbished to function as two single rooms. There are now a total of 55 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 50



Executive summary of the audit

Introduction

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

- ō 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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Radius Potter Home is owned and operated by Radius Residential Care Limited. The service has reconfigured two double rooms to single rooms since the last audit. The service provides hospital (medical and geriatric) and rest home care for up to 55 residents (previously 57 beds). The service also offers care for residents with physical disability. On the day of the audit there were 50 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 – Te Tai Tokerau. 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 facility manager is a registered nurse with experience in aged care. The facility manager is 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. Radius Potter has been awarded two continuous improvements for services for Māori and falls prevention.

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 fully attained.

Radius Potter Home 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 Potter Home provides services and support to people in a way that is inclusive and respects their identity and their experiences. The management and staff listen 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 fully attained.

The business plan includes a mission statement and operational and clinical objectives. The service has documented quality and risk management systems that take a risk-based approach. Internal audits and meetings were documented as taking place as per schedule, with corrective actions resolved in a timely manner. 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, and reported to the regional manager, with documentation of data put into a consolidated trend report across all Radius facilities. The data is presented 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

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.		Subsections applicable to this service fully attained.
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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. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI 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. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents who identify as Māori or Pasifika have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

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 activity programme is managed by an activities coordinator. The activity team, and programme provide residents with a variety of individual, group activities and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. The organisational dietitian reviews the menu plans. Residents and family/whānau confirmed satisfaction with meals provided.

Transition, discharge, or transfer processes are 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 fully attained.
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The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Bedrooms are all single with shared facilities. There are communal shower rooms with privacy locks. 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.

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

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.

Subsections applicable to this service fully attained.

A suite of infection control policies and procedures is 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.

The clinical nurse manager is the infection control coordinator. The infection control committee has representation from all areas of the service. The infection control team has access to a range of resources. Education is provided to staff as part of orientation and ongoing training as per the education planner. Internal audits are completed with corrective actions resolved when required. There are policies and procedures implemented around antimicrobial stewardship and data is documented 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 cleaning staff and laundry is outsourced. Documented policies and procedures for the cleaning and monitoring of outsourcing of laundry are implemented.

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 fully attained.

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 two residents using restraint. Encouraging 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.

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	29	0	0	0	0	0
Criteria	2	178	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 26% of residents who identify as Māori. Radius Potter Home is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau, and the resident care plan includes a Māori health care plan based on Te Whare Tapa Whā. Records for residents identifying as Māori were reviewed and these confirmed that a Māori health care plan had been completed. Links are established with Ngati Hine groups, Ngati Kahu groups, Ngāpuhi, and there is a resident advocate (Ngati Korora and Ngati Wai) on site who led the powhiri for the auditors. A family member of the advocate is also able to offer assistance as a kaumātua.</p> <p>The Radius strategic plan and Māori Health Strategy document support strategies to increase Māori capacity by employing and recruiting Māori staff at the service. The Radius Potter Home business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identified as Māori, who can communicate in te reo Māori. Staff have completed modules in an electronic training programme relating</p>

		<p>to cultural safety and Te Tiriti o Waitangi.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Interviews with thirteen staff (five healthcare assistants [HCA], two registered nurses [RNs], two cleaners, one maintenance person, one activities coordinator, one kitchen assistant, one kitchen manager), four managers (facility manager, regional manager, clinical nurse manager, national quality manager), and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services. A rating of continuous improvement has been given to the improvements made to equity for Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<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. The facility manager confirmed that the residents' family/whānau would 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 Potter Home partners with their Pacific 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 Pacific 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. Staff have completed introductory training on Pacific models of health.</p> <p>Ethnicity data is captured on the electronic resident management</p>

		system.
<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, te reo Māori and Pasifika languages.</p> <p>Discussions relating to the Code are held at resident meetings. Families are invited to attend. Seventeen residents (thirteen using hospital level of care [including four young people with disability – YPD, two residents funded by ACC]; and four residents using rest home level of care), and three family/whānau of residents using hospital level of care, were interviewed. All 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. The service recognises Māori mana motuhake, which reflects in the Radius Potter Home 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 understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Interviews with residents confirmed that individual cultural beliefs and values 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>	FA	<p>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents have control over their choice and personal matters, including choice over activities they participate in and who they socialise with.</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>Residents interviewed stated they have choice, with young people interviewed stating that they enjoyed living at Radius Potter Home because of the freedom to be themselves that the service afforded, and staff encouragement to support them to be as independent as possible. 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. It was observed that residents are treated with dignity, respect and spoke to in a courteous manner.</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 when planning or changing services.</p> <p>A sexuality and intimacy policy is in place, with training as part of the education schedule. Care staff have completed the sexuality, intimacy and spirituality training online in 2023 and 2024. 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. Young residents interviewed by the consumer auditor stated that they were able to maintain their personal, gender, sexual, cultural, religious and spiritual identity.</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 Potter Home, and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged to learn te reo Māori and they are supported to use the correct pronunciation. Te</p>
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		<p>reo resources are available on the education platform. 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 services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Policies are in place around institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to 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. The Radius Māori Health Strategy includes strategies to abolish institutional racism. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct.</p> <p>Staff complete education on orientation and annually 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>Criminal vetting is 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 2023 (sighted), evidenced 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 in relation to the services provided, is provided to residents and 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. Fifteen accident/incident forms reviewed identified 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. In the 2022 satisfaction survey, 77% of respondents stated that they were satisfied with communication; with this improving to 89% in 2023. Family/whānau support a resident who has English as a second language, with staff explaining how they use words in the resident's own language and body language to communicate.</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 residents, such as Hospice and Health New Zealand – Te Tai Tokerau 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 and RNs interviewed described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities or further discussion, if required. The electronic register captured compliments from family/whānau which evidenced effective communication. Staff have received training on communication in the workplace that included communication with young people.</p> <p>Residents and family/whānau interviewed confirmed they know what</p>
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		<p>is happening within the facility and felt informed regarding events/changes through regular communication and newsletters. Resident meetings are held monthly, with family/whānau also able to attend. Residents interviewed, including younger residents, confirmed that they find the meetings useful to put forward ideas to improve services, with feedback on ideas put forward.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Policies including resuscitation management, resident representative, and enduring power of attorney (EPOA) 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>Younger residents confirmed that they were given accurate, age-appropriate education, information, and support related to their chosen health care plan.</p> <p>There were appropriately signed resuscitation plans and advance directives in place in all resident records reviewed, with these updated annually. The advanced plans in place also talk about options for hospitalisation in case of deterioration in state. The service follows relevant best practice tikanga guidelines and 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 2023 evidenced full compliance and resuscitation orders are completed and reviewed as per the resuscitation management policy.</p> <p>Admission agreements had been signed, stored electronically 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 were on file. This was sighted in one young resident (YPD) record reviewed. Four residents interviewed (who identified as</p>

		<p>YPD and two who were funded by ACC who were also under 65 years of age), stated that they were engaged in giving consent, signing admission agreements, and understood how an EPOA would be activated.</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 an electronic record of all complaints, both verbal and written, by using a complaint register. 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 were three complaints made in 2023 and none to date in 2024. One complaint referred by Health New Zealand- Te Tai Tokerau has been resolved, with one opportunity for improvement put in place. One complaint referred by the Needs Assessment Service was investigated, with the complaint deemed unfounded. A further complaint in 2023 was investigated with the complainant happy with the outcome. Staff are informed of complaints (and any subsequent corrective actions) in the facility meetings (meeting minutes sighted). The regional manager can provide support to the facility manager with the investigation of any complaint.</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 and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. A suggestion box is available for residents or family/whānau, with this emptied at regular intervals by the facility manager. Monthly resident meetings provide opportunities for concerns to be raised. Family/whānau interviewed confirmed that the managers and RNs are available to listen to concerns and they stated that if issues are raised, the manager acts promptly to address these. 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 Māori residents in the complaints process. The complaints management</p>

		<p>procedure ensures Māori residents 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 and stated that this would be encouraged for any complainant, but particularly for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Potter Home has a total of 55 beds and is certified for rest home, hospital (including medical), and residential disability - physical. The service has reduced the number of beds since the last audit from 57 to 55 with two rooms that were previously double rooms are now used as single rooms only. There are now 18 rest home beds and 37 hospital beds including six dual purpose beds.</p> <p>At the time of the audit there were 50 beds occupied. This included 14 rest home level care residents, which included one resident funded by an ACC contract and one resident under a younger person with a disability (YPD). There were 36 residents at hospital level of care, including 10 residents on a YPD contract, four under an ACC contract, and one resident on a long-term support - chronic health care (LTS-CHC). All other residents were 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 plan 2023-2028 has clear business goals to support their philosophy 'Caring is our calling'. The 2023-2024 Radius Potter Home 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, as evidenced in monthly reporting. The service organisation philosophy and strategic plan reflect a person/family centred approach.</p> <p>The national quality manager and regional manager interviewed</p>

		<p>confirmed there were no changes to the governance structure. The Governance Board consists of the Radius managing director/executive chairman and four professional directors, each with their own areas of 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 barriers to equitable service delivery. The working practices at Radius Potter Home 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</p>
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		<p>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 a year, with 23 years' experience as a registered nurse and 13 years' experience as a facility manager. 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 a year. The facility manager and the clinical nurse manager has completed other professional development activities in excess of eight hours annually, related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Radius Potter Home is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data eg, falls, medication errors, infections, skin integrity/tears, complaints, and restraints.</p> <p>A range of monthly meetings (eg, triangle of support, staff/quality, RN/restraint, health and safety) provide an avenue for discussions in relation to quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. A facility health check has been introduced and has been completed three-monthly in November and February by the facility manager. Meetings were held as per schedule with data tabled. Corrective actions were resolved in a timely manner. Quality data and trends in data are posted on a quality noticeboard in the staff room. Quality data is documented in the monthly meetings, and there is evidence discussion of data and improvements made. Benchmarking against other Radius facilities is communicated through the monthly report tabled for the Board by the national quality manager. Feedback through resident meetings and complaints management provides an avenue for critical analysis of</p>

	<p>work practices to ensure health equity. Radius Potter was presented with an award at the recent Radius conference for having the lowest benchmarking data within the organisation. The service has been awarded a continuous improvement around falls prevention.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. Cultural safety is embedded in the quality system. Tāngata whaikaha have meaningful representation through resident meetings and six-monthly care conferences. Ethnicity data is linked to benchmarking data.</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. The resident and family/whānau satisfaction survey showed an improvement in all areas from 2022 to 2023. The residents, family/whānau and staff 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>There is an Enabling Good Lives for Younger People With Disabilities policy in place and this documents the principles of self-determination, person centred and individualised care, inclusive community engagement, holistic development, and family and social support. Younger people interviewed stated that the service supports them to implement the principles outlined in the policy with collaborative care planning, and regular assessment of effectiveness of care, with the young person and family/whānau (if the young person wants them to be part of the review) involved in the review. They also stated that they were encouraged to give feedback and provided with opportunities to do this.</p> <p>A health and safety system is in place. The health and safety team, led by the health and safety representative, meets monthly. Three</p>
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		<p>health and safety representatives have completed external health and safety training. One health and safety representative interviewed confirmed knowledge of the role as per the job description. The facility manager monitors staff incidents on a weekly and monthly basis and incidents are discussed at the relevant monthly meetings. Staff incident, hazards and risk information is collated at facility level and then reported through the support office to the operations management team and then to the Board. The health and safety policy is reviewed annually by the national health and safety committee. Hazard identification forms and an up-to-date hazard register confirmed that these were reviewed monthly at the health and safety meetings.</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. The electronic resident management system escalates alerts to the 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 environmental and health and safety audits have been completed as per schedule.</p> <p>Discussions with the facility manager confirmed their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been requirements to complete a Section 31 notification to notify HealthCERT since the last audit related to a pressure injury – hospital acquired; absconding of a resident with the police notified; and RN shortages. Public Health authorities have been notified in relation to two Covid-19 outbreaks in October and November 2023.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved</p>	<p>FA</p>	<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 Potter Home is able to meet contractual requirements for 24/7 registered nurses, with seven RNs and a clinical nurse manager employed. In the past, Radius has developed a virtual RN role. This</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>includes a team of RNs working remotely from their place of residence, providing virtual support to a level four healthcare assistant, including internationally qualified nurses IQN. Radius Potter Home was not able to meet contractual requirements for 24/7 registered nurse cover in parts of 2023, following resignation of RNs and Section 31 notifications were sent to Health New Zealand– Te Tai Tokerau as required. Radius Potter Home is no longer using the virtual RN service. The rosters reviewed evidence any vacancies and unplanned absence have been covered.</p> <p>All RNs, the activities staff and maintenance person hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The roster reviewed for the last three weeks was 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, with monthly call bell audits confirming that these are answered in a timely manner.</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 Health New Zealand -Te Tai Tokerau, and Hospice. 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. There is a comprehensive training planner that has been well implemented. Online training is completed by staff, with</p>
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	<p>monitoring of completion by the managers. The education and training schedule includes compulsory training, such as cultural awareness; Te Tiriti o Waitangi; cultural awareness; ethnicity data gathering; the Code of Rights; abuse and neglect; infection prevention and control; management of challenging behaviour; and clinical topics.</p> <p>Healthcare assistants are required to complete annual competencies, including restraint; moving and handling; hand hygiene; and use of personal protective equipment. A selection of HCAs have completed medication administration competencies and 'second checker' competencies.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 27 HCAs employed. Ten have completed a New Zealand Qualifications Authority level four certificate; four have a level three certificate, and five have a level two certificate. Radius supports all employees to transition through the NZQA Certificate in Health and Wellbeing.</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. Two RNs, including the clinical nurse manager, are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including infection prevention and control, and dementia and delirium.</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 the 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>
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<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. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, 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. 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 programme supports 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. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</p>
<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>	<p>FA</p>	<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. Hard copy documents are</p>

		<p>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 focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>On enquiry, an information booklet detailing entry criterion is provided to prospective residents and their family/whānau. 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 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 was not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service.</p> <p>The admission policy requires the collection of information that includes (but is not limited to): ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Interviews with residents and families/whānau and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity, including Māori, is being collected and analysed by the service. The management team described relationships with identified Māori service provider groups within 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>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files reviewed: five at hospital level, including one on an accident compensation contract (ACC), one on a long-term support chronic health contract (LTS-CHC), and one younger person with disability (YPD); and three at rest home level care. Initial care plans are developed with the residents/EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Resident, family/whānau and EPOA, mental health services, and GP involvement is encouraged in the plan of care. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment, and are completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. Residents on the YPD, LTS-CHC, and ACC contracts are not required to have an interRAI assessment completed; however, a comprehensive suite of assessments contained in the electronic resident management system had been completed.</p> <p>The residents who identified as Māori have a Māori health care plan in place which describes the support required to meet their needs. The registered nurses interviewed describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss.</p> <p>The initial medical assessment is undertaken by the GP within the</p>

		<p>required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP visits the facility at least weekly. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the GP. A physiotherapist visits the facility weekly and reviews residents referred by the clinical nurse manager or RNs.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There was one resident with an unstageable pressure injury (non-facility acquired) on the day of the audit, one stage I, and two stage II. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. Other wounds included skin tears, abrasions, and chronic ulcers.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a</p>
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		<p>change in the resident's condition. The RN documents evaluations. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The residents' activities programme is implemented by a full-time activities coordinator. Activities for the residents are provided Monday to Friday 8.00 am to 3.30 pm. 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. Communion church services are held weekly, and multi-denominational services are also available.</p> <p>Activities for younger residents include supported shopping and visits to outside activities facilitated by local community groups. Age-appropriate music, movies and technology-based activities are available. Younger resident engagement and satisfaction with the activities on offer is reviewed monthly.</p> <p>The activity coordinator integrates te reo Māori in the daily programme, with the use of te reo Māori 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. A school kapa haka group has entertained the residents, and family/whānau participation in the programme is encouraged.</p> <p>The residents' activities assessments are completed by the activity coordinator, in conjunction with the RN on admission to the facility. Information on residents' interests, family, and previous occupations is</p>

		<p>gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment 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>The residents and their families/whānau reported satisfaction with the activities provided, including the younger residents interviewed. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held and include discussion around activities.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A current 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 are documented on the electronic medication chart.</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.</p> <p>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</p>

		<p>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 were no residents self-administering medication on the day of the audit; however, there is a comprehensive policy in place. Staff interviewed could describe the procedure they follow when a resident chooses to administer their medications. No vaccines are stored on site, and no standing orders are used.</p> <p>The medication policy describes use of over-the-counter medications 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. The clinical nurse manager advised they weren't aware of any difficulties for residents accessing medication; however, they have protocols in place to support all residents and whānau to access medication.</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>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 cook at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>All meals are prepared on site and served in the dining rooms or in the residents' rooms if requested. Meals are served directly from the kitchen into the dining room. 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</p>

		<p>food service is provided in line with recognised nutritional guidelines for older people. A dietitian has developed the seasonal menu. The food control plan expiry date is 31 May 2024. 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 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 are monitored and recorded daily. 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. They discussed occasions where the service has provided culturally appropriate meal services, including a recent hangi and catering for frequent requests for boil ups.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families/whānau interviewed stated that they were satisfied with the meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a Radius resident transfer/discharge policy. Transition, 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/family/whānau are advised 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>

		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.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a building warrant of fitness certificate that expires on 1 July 2024. The maintenance person works full-time (Monday to Friday). Maintenance requests are logged in hard copy and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Checking and calibration of medical equipment, hoists and scales was completed in January 2024. There is a gardener who works three days per week. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>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 external courtyards and gardens have seating and shade. There is safe access to all communal areas.</p> <p>All rooms are single occupancy, with all rooms utilising communal toilets and showers, of which there are sufficient numbers. All rooms have handbasins. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and a hoist if appropriate. There are signs on all shower/toilet doors.</p> <p>There are large and small communal areas, including a designated lounge and dining room for younger residents (Morrison wing). Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit.</p> <p>Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise</p>

		<p>their bedrooms, as viewed on the day of audit.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is thermostatically controlled heating in all areas. The temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that this is effective.</p> <p>The service has no plans for building or refurbishments; however, should this occur, the organisation would take into consideration of how designs and environments reflect the aspirations and identity of Māori. This would be coordinated from head office. The facility underwent a Māori blessing when the current manager commenced their role.</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.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is back-up power available with Radius head office support and gas cooking. There are adequate supplies in the event of a civil defence emergency, including water stores 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, communal toilets, showers, and lounge/dining room areas. These are audible and are</p>

		<p>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. They can choose to wear a call bell pendant or wrist alarm. Residents and families/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. All external doors are alarmed. Visitors are controlled through a screening process for symptoms of infection, and body temperature is measured at entry.</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 has 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 Health New Zealand -Te Tai Tokerau, 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 national quality manager and regional manager, whose reports are 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>There are adequate resources to implement the infection control programme at Radius Potter Home. External resources and support</p>

		<p>are available through external specialists, microbiologist, GP, wound nurse, and Health New Zealand -Te Tai Tokerau when required. Overall effectiveness of the programme is monitored by the facility management team.</p> <p>The clinical nurse manager is the infection prevention and control coordinator and they have been in the role for a year. A documented and signed role description for the position is in place. The infection prevention and control coordinator is supported by the facility manager. The infection prevention and control coordinator is responsible for implementing the infection control programme, and liaises with the infection control committee, who meet monthly as part of the staff/quality meeting and as required.</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. 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. 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 prevention and 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 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 prevention and 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 prevention and control coordinator has access to an online training system with resources, guidelines, and best practice. The infection prevention and control coordinator has completed infection control audits.</p> <p>At a site level, the facility manager and infection prevention and control coordinator 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, and 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>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>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 clinical meetings and through discussions with the GP, as confirmed by the GP interviewed.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. The service monitors antimicrobial use through evaluation</p>

		<p>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>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection prevention and control programme. The purpose and methodology are described in the infection prevention and control policy in use at the facility. The infection prevention and control coordinator 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 outcomes and actions, are discussed at the relevant meetings, including the quality, staff and RN 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 Potter Home has consistently had low infection rates.</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 have been two Covid-19 outbreaks since the previous audit in October and November 2023. The outbreaks were managed effectively, with documentation confirming this. The second outbreak has been credited to the prompt actions in minimising the spread once residents were identified as being Covid-19 positive. Residents and</p>

		<p>family/whānau were updated regularly through the outbreaks.</p> <p>Hand sanitisers and gels and other personal protective equipment is available for staff, residents, and visitors to the facility.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements Radius waste management policies that conform to legislative and local council requirements. Policies include 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, and 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 cupboards 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 and were observed doing this during the audit. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety training.</p> <p>Laundry is outsourced. The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. The clinical nurse manager monitors cleaning and laundry services. Residents and family/whānau confirmed satisfaction with laundry</p>

		<p>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 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 infection prevention and control coordinator.</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 is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint elimination and implementation across the organisation. The organisational plan evidenced a Radius Care commitment to be restraint free. Radius National Quality Committee (including restraint oversight) has members with lived experience, and who identify as Māori among its members.</p> <p>The reporting process to the governance body includes restraint data that is gathered and analysed monthly. A review of the file for the two residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The GP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit, two residents (hospital level) were using restraint (one with lap belt, and one with lap belt and bedrail).</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination. Regular training occurs. Review of restraint use is completed and discussed at</p>

		<p>all staff meetings.</p> <p>Training for all staff occurs at orientation and annually. This includes a competency assessment.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes, and when the restraint will end. The file reviewed of two residents using restraint evidenced assessment, monitoring, evaluation, and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff, taking into consideration wairuatanga. Alternatives to restraint include low beds, and sensor mats. Documentation includes the restraint method approved, when it should be applied, frequency of monitoring and when it should end. It also details the date; time of application and removal; risk/safety checks; food/fluid intake; pressure area care; toileting; and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with Radius policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator, who shares the information with staff at the quality, staff, and clinical meetings.</p> <p>All restraints are reviewed and evaluated as per Radius policy and requirements of the standard. Use of restraints is evaluated three-monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings and at the Radius national restraint committee meetings. A procedure is in place for emergency use of restraint. In the event that emergency restraint is required, the registered nurse involved, in consultation with the facility manager,</p>

		<p>CNM, unit coordinator, resident and family, will determine dependent on the situation, as to whom, and will debrief the staff.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints.</p> <p>The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. The restraint committee meet on a regular basis to review restraints. Restraint is also discussed at the three-monthly GP reviews.</p> <p>Staff monitor restraint related adverse events while restraint is in use.</p> <p>Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (including RNs and HCAs) confirmed that the use of restraint is only used as a last resort.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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 1.1.1</p> <p>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).</p>	CI	<p>There are a number of Māori residents who reside at Radius Potter Home in Whangarei. Management, staff and residents recognised the need for an improvement in cultural responsiveness to Māori, and to ensure that Māori were involved in the service planning and support for Māori. Radius Potter Home acknowledged that there was more that could be done in terms of tikanga, te reo Māori, kai, karakia, waiata and Māori governance.</p>	<p>Radius Potter Home has sought to address some of the barriers that Māori experience in age related care and to ensure that kaupapa Māori and tikanga are acknowledged as important in improving the lives of kuia and kaumātua. The service reviewed a report published in 2021, prepared on behalf of the Health Quality & Safety Commission that looked at the experiences of older Māori living in aged residential care in Aotearoa. Ethnicity data was also collected and used to identify opportunities to address inequity of health outcomes.</p> <p>As a result of further discussion, proposed outcomes were identified around hearing the voice of Māori residents; meeting of cultural needs; identification of a Māori advocate; improved satisfaction in provision of spiritual and cultural support; and care by staff who are trained in cultural safety and equity, te reo and tikanga.</p>

			<p>The service recognised that the home lends itself to that of a marae with the physical appearance of a meeting house, with its large forecourt/garden area. It enhanced the exterior of the building with symbols such as kete baskets and a koru mobile. Guests (including the auditors, new residents, and community groups) are now welcomed by a powhiri with a resident kuia (Ngati Korora and Ngati Wai) leading the powhiri. The kuia advocates for residents, facilitates education and training for staff and residents, promotes te reo Māori with residents and staff through encouraging the use of te reo, signs and posters now displayed, and is involved in leadership roles in special celebrations such as Matariki. The kuia confirmed her role and the stated that it was being welcomed by residents and staff alike. A family member of the kuia is able to provide support to the service as a kaumātua. Rooms are blessed after a deceased resident has left Radius Potter Home. The Radius Potter Home menu was reviewed to add Māori kai, and other options for specific cultural meals, with residents and family/whānau confirming that this had improved the food choices able to be made. There are local community contacts from Ngati Hine, Ngapuhi, and other groups in the community.</p> <p>Staff described completion of training around equity, Te Tiriti o Waitangi and cultural safety and said that they were using more te reo Māori in the service and were actively encouraging all residents to also speak te reo Māori. Meeting minutes and feedback from residents and whānau evidenced their satisfaction with improvements made.</p> <p>A comparison in the resident surveys conducted in 2022 and 2023 showed there were improvements in spiritual and cultural support (75% to 78%); communication (77% to 89%); and facilities (from</p>
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			79% to 88%).
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>Falls has been identified as a significant issue in aged residential care. Unfortunately, falls are an expected risk and potential cause of injury and harm to residents. Radius Potter, has been actively working towards reducing the incidence of falls and the injuries that residents sustain as a result of a fall. The service collects and collates all incident data each month and have identified that falls was an issue that required improvement. Benchmarking rate for falls has an acceptable range of between 3.3 and 11/ 1000 bed days.</p>	<p>Strategies and interventions to prevent falls were researched to prevent falls and reduce harm from falls. Other interventions included training in falls prevention measures; discussion at monthly staff meetings to ensure a team approach for reducing falls risks and in particular for at risk residents; and increase in exercise classes and physio assistant hours to introduce a sit fit programme. The programme was implemented by the physiotherapist, care staff and activities staff and included the following: a) from April 2023, the physiotherapist has conducted a 'sit fit' programme for residents to complete daily and has provided education for the diversional therapists to continue providing the programme within the activities plan. The physiotherapist assesses and monitors progress weekly or as needed; b) the diversional therapist, physiotherapist and CNM meet on a regular basis to discuss progress, efficacy of the programme, and review overall falls data, and ensure adherence to the fall prevention strategies outlined in policies.</p> <p>These changes have remained embedded in everyday practice resulting in a sustained reduction in falls between 2022 to 2024 (year to date). There has been an overall improvement in residents' strength, balance and gait of residents, resulting in improved mobility, and a sustained reduction of falls with injury.</p> <p>In 2021 (end of financial year) there were a total of 271 falls with 13.5 falls per 1000 occupied bed day and 68% of falls with no injury. In 2023, there were a total of 71 falls with a rate of 4.8 falls per 1000 occupied bed days and 62 % of falls with no injury.</p>

			Radius Potter was awarded first place in the clinical KPI section of a recent internal Radius awards night, with consistent low clinical data for wounds, pressure injuries, falls and infections.
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End of the report.