# Radius Residential Care Limited - Radius Elloughton Gardens

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Radius Residential Care Limited

**Premises audited:** Radius Elloughton Gardens

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

**Dates of audit:** Start date: 23 April 2024 End date: 24 April 2024

**Proposed changes to current services (if any):** The current number of beds of 86 is reduced to 85 as a room that has been previously considered a double room is no longer considered to be suitable to be used as one.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 62

# 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 haumaru │ 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 |
|  | 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 Elloughton Gardens is owned and operated by Radius Residential Care Limited. The service provides hospital; medical and geriatric and rest home care for up to 85 residents. On the day of the audit there were 62 residents.

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

The facility manager is an experienced registered nurse who has worked in aged care for many years. The facility manager is supported by the clinical nurse manager and office manager. These roles are supported by the Radius regional manager and the national quality manager.

This audit has identified the service meets the Ngā Paerewa Health and Disability Services Standard 2021. Elloughton Gardens has been awarded three continuous improvements around palliative care, training and development of internationally qualified registered nurses and restraint minimisation.

## 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 Elloughton Gardens provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There are a Māori health plan and a Pacific health plan in place. 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 Elloughton Gardens 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 respect 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

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| --- | --- | --- |
| 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 are 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 into 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. The data is presented to the board each month.

A staffing and rostering policy is documented. Human resources are managed in accordance with good employment practices. 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

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| --- | --- | --- |
| 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. |

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

The activity programme is overseen by a diversional therapist. The activity team, and programme provides residents with a variety of individual and group activities and maintains their links with the community. The activities calendar has a range of activities that are appropriate to their cognitive and physical capabilities.

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

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

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

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

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| --- | --- | --- |
| 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. |

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

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

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

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| --- | --- | --- |
| 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 prevention and 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 prevention and control coordinator. The infection prevention and control committee has representation from all areas of the service. The infection prevention and control team has access to a range of resources. Education is provided to staff as part of orientation and ongoing training as part of the education planner. Internal audits are completed with corrective actions resolved when required. Policies and procedures for antimicrobial stewardship are implemented and data is documented monthly.

Surveillance data is completed. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs.

Documented processes are in place regarding the management of waste and hazardous substances. All laundry: personals and linen is outsourced. Policies and procedures are in place to guide dedicated housekeeping/cleaning. Monitoring processes are in place for cleaning and the outsourcing of laundry.

## Here taratahi │ Restraint and seclusion

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| 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. |

Radius Care has a documented commitment to eliminate restraint in all their facilities. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit the Elloughton Gardens had been restraint free for three years. Encouraging and maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Subsection** | 0 | 27 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 3 | 166 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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. | FA | A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as the founding document for New Zealand. The service has Māori residents. Elloughton Gardens is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. The resident care plan template includes a Māori health care section 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 a kaumatua (Iwi-Nga Tahu) from Arowhenua, further to this there is an established relationship with Te Aitarakihi Marae. The kaumātua visits Elloughton Gardens weekly and visits with residents, does room blessings and attends special events. On the day of the audit the Anzac service was held and the kaumātua officiated it.  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 Elloughton Gardens business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identify as Māori and who can communicate in te reo Māori. The diversional therapist and other staff have completed training including modules in on cultural safety and Te Tiriti o Waitangi.  Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Interviews with17 staff (five healthcare assistants (HCA), six registered nurses (RNs), one housekeeper, one home assistant, 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. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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. | FA | 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 family/whānau, and providing high quality healthcare.  Resident ethnicity is recorded on admission. There were residents identifying as Pasifika at the time of the audit. The facility manager confirmed that the residents’ family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, and recognition of cultural needs.  Elloughton Gardens 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.  The service is not currently recruiting new staff. There are currently staff employed that identify as Pasifika. The facility manager described that Radius wishes to increase the capacity and capability of the Pacific workforce, as described in the business plan. Staff have completed introductory training on Pacific models of health.  Ethnicity data is captured on the electronic resident management system. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | 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 RN 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.  Discussions relating to the Code are held at resident meetings. Family/whānau are invited to attend. Nine residents (five hospital level of care including a younger person with disability – YPD, one resident funded by ACC and four residents receiving rest home level of care), and four family/whānau of residents: Three hospital level of care and one rest home, were interviewed. All reported that the service is upholding the residents’ rights. Interactions observed between staff and residents during the audit were respectful.  Information about the Nationwide Health and Disability Advocacy Service 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 Elloughton Gardens business and quality plan for 2023 - 2024, and Radius Māori health Strategy.  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.  Interviews with residents confirmed that individual cultural beliefs and values are respected. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Residents have control over their choice and personal matters, including choice over activities they participate in and who they socialise with. Residents interviewed stated they have choice, with young people interviewed stating that they enjoyed living at Elloughton Gardens 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.  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.  A sexuality and intimacy policy is in place, with training as part of the education schedule. Healthcare assistants 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.  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. Younger residents confirmed they were able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity.  Residents' files and care plans identify each 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.  The facility manager confirmed that cultural diversity is embedded at Elloughton Gardens, and this was confirmed during interviews with staff. Te ao Māori is celebrated, and staff are encouraged to learn te reo Māori and they are supported to use the correct pronunciation. Te reo Māori 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. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse. | FA | 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 implemented 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. 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.  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.  Police 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 RNs and HCAs 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 and strength-based model of care. |
| Subsection 1.6: Effective communication occurs  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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | 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.  Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whanau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau.  An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. In the 2023 satisfaction survey, 77% of respondents stated that they were satisfied with communication: with this improving to 89% in 2023. One resident who has English as a second language is supported by family / whanau and staff explained how they use words in the resident’s own language to communicate.  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.  The service communicates with other agencies who are involved with the residents, such as Hospice and Health New Zealand – South Canterbury specialist services. The delivery of care includes a multidisciplinary team. The clinical nurse manager and RNs interviewed described an implemented process around providing residents, family / whanau with time for discussion around care, time to consider decisions, and opportunities or further discussion, if required. The electronic register captures compliments from family/whānau which evidenced effective communication. Staff have received training on communication in the workplace that included communication with young people.  Residents and family/whānau interviewed confirmed they know what 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. |
| Subsection 1.7: I am informed and able to make choices  The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | A range of policies including (but not limited to) resuscitation management, resident consent and enduring power of attorney (EPOA) guide staff around informed consent processes. The resident files reviewed included signed general consent forms including media release and van outings. Other consent forms include vaccinations for flu and covid. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.  In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident’s care.  Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated an activation letter and incapacity assessment was on file. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. 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. | FA | 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, 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).  There were eleven complaints made in 2023 and five to date in 2024, this includes two which are currently being investigated by the HDC. The facility manager, regional manager and national quality manager have provided comprehensive reports in response to these, and are awaiting a response from HDC. Staff are informed of complaints (and any subsequent corrective actions) in the facility meetings (meeting minutes sighted). The regional manager and national quality manager provides support to the facility manager with the investigation of any complaints.  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 facility 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. The complaints management 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. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | FA | Elloughton Gardens has a total of 85 beds and is certified for rest home, hospital (including medical). The service has reduced the number of beds since the last audit from 86 to 85 with one room that was previously a double room is now used as a single room.  On the day of the audit there were 62 residents. Fourteen residents were at rest home level care including one resident on a younger person with a disability (YPD) contract and one resident on a mental health contract. There were 48 residents at hospital level care including an end-of-life contract and one on an accident corporation contract (ACC). There are 65 dual purpose beds and 20 rest home beds.  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 Elloughton Gardens business plan describes specific and measurable goals that are regularly reviewed and updated. The site-specific goals relate to business and services; leadership and management; financial leadership and management; risk management and marketing; advertising, and promotion. There are also 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.  The governance board consists of the Radius managing director/executive chairperson 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 advisory group to advise the board on any issues requiring cultural oversight and direction. The terms of reference for the Radius governance board 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.  The chief executive officer (CEO) is responsible for the overall leadership of the management team. 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. The National cultural committee meets three-monthly to consider how decisions best reflect a cultural response to strengthen Māori influence.  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 Elloughton Gardens 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.  Clinical governance is overseen by the organisation’s national quality manager and the risk and compliance manager and includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI’s). These outcomes and corrective actions are discussed at the compliance and risk meeting led by one of the board members. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved.  The facility manager is a RN and has been the facility manager for four years. 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 seven years. The facility manager and the clinical nurse manager have completed other professional development activities in excess of eight hours annually, related to managing an aged care facility. |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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. | FA | Elloughton Gardens 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 e.g., falls, medication errors, infections, skin integrity/tears, complaints, and restraints.  A range of monthly meetings (e.g., triangle of support, staff/quality, RN/restraint, health, and safety) provide an avenue for discussions in relation to 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 work practices to ensure health equity.  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.  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. 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.  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.  A health and safety system is in place. The health and safety team, led by the health and safety representative, meets monthly. Three 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 head 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.  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.  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 notifications to notify HealthCERT since the last audit related to: a pressure injury; a missing controlled drug (investigation completed); and RN shortages. Public Health authorities have been notified in relation to two Covid-19 outbreaks in May and December 2023.  A rating of continuous improvement has been given to the improvements made to the provision of palliative care at Elloughton Gardens. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | An acuity and clinical staffing ratios policy describes rostering and staffing ratios. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Elloughton Gardens is able to meet contractual requirements for 24/7 RNs with seven RNs and a clinical nurse manager employed. In the past, Radius has developed a virtual RN role. This includes a team of RNs working remotely from their place of residence, providing virtual support to a level four healthcare assistant, including internationally qualified nurses (IQN). Elloughton Gardens was not always able to meet contractual requirements for 24/7 RN cover in parts of 2023, following resignation of RNs and Section 31 notifications were sent to Health New Zealand – South Canterbury as required. Elloughton Gardens is no longer using the virtual RN service. The rosters reviewed evidence any vacancies and unplanned absence have been covered.  All RNs, the activities staff and maintenance person hold current first aid certificates. A first aid trained staff member is rostered 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.  The facility manager and the clinical manager work full-time (Monday to Friday). The RNs on shift manage most queries and staffing cover, with the clinical nurse manager and facility manager providing support out of hours.  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 - South Canterbury, 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.  Online training is completed by staff, with 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.  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.  The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 40 HCAs employed. Thirty have a New Zealand Qualifications Authority level four certificate (fifteen are IQNs); seven 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.  Registered nurse specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. All RNs have attended in-service training including medical conditions specific to the current residents. Two RNs, including the clinical nurse manager and one enrolled nurse, 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.  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.  A rating of continuous improvement has been given to the improvements made by the Radius the Unleash EPIC (exceptional people, exceptional care) programme for IQNs. |
| Subsection 2.4: Health care and support workers  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. 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. 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. | FA | Human resources policies are in place, including recruitment, selection, orientation, and staff training and development. Staff files are on an electronic human resources system. Nine 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.  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.  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 to provide a culturally safe environment for Māori.  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. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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. | FA | A clinical records policy is in place. 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.  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 securely stored in a locked room and easily retrievable when required.  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 confidentially and is not able to be accessed 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. |
| Subsection 3.1: Entry and declining entry  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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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. | FA | An information booklet detailing entry criteria is provided to prospective residents and their family/whānau on enquiry. 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.  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 were not available.  The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service.  The admission entry and declining policy requires the collection of information that includes (but is not limited to); ethnicity, spoken language, interpreter requirements, iwi, hapu, religion, and referring agency. Interviews with residents and family/whānau and review of records confirmed the admission process was completed in a timely manner.  Ethnicity is being collected and analysed by the service. The clinical nurse manager described having access to Māori service providers through Health New Zealand – South Canterbury. The RNs described how they support residents to maintain their relationships in the community. |
| Subsection 3.2: My pathway to wellbeing  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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Eight electronic resident files were reviewed: three rest home level including one resident on a younger person with a disability (YPD) and one resident on a mental health contract and five hospital level, including: one resident on an end-of-life contract and one on an accident corporation contract (ACC). Registered nurses are responsible for all residents’ assessments, care planning and evaluation of care. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans.  All residents have admission assessment information collated and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plan development and reviews have been completed within the contractual required timeframes for all long-term residents inclusive of the residents on YPD and mental health contracts.  A suite of risk assessments are available on the electronic system. Appropriate risk assessments are conducted on admission. A cultural assessment has been implemented for all residents. The care plans identify resident focussed goals, aligns with Te Whare Tapa Whā and reflects a person-centred model of care. The care plans identify key assessed risks, including medical risks and are reflective of interRAI assessments.  Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others form the basis of the long-term care plans. The service supports Māori and family/whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these documented.  All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. A contracted GP provides medical support to the facility including after-hours support when required. If the contracted GP is unavailable, there is an after-hours service and access to the local hospital. The GP visits two times a week and as required. The GP (interviewed) was complimentary of the care, communication, and the quality of the service provided. The GP stated they felt information was more consistent and RNs were using the ‘Introduction, Situation, Background, Assessment and Recommendation (ISBAR) communication tool. The GP has remote access to the electronic medication system.  Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice nurse and wound care nurse specialist is available as required through the local Health New Zealand -South Canterbury service. The physiotherapist visits the facility three times a week.  Health care assistants, the RNs and enrolled nurse interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Healthcare assistants complete task lists that reflect within the progress notes on every shift. When changes occur with the resident’s health these are reflected in the electronic progress notes to provide an evolving picture of the resident` journey. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home residents. There is regular documented input from the GP and allied health professionals. Residents interviewed reported their needs and expectations were being met. When a resident’s condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.  There were 16 wounds across the service including one stage 2 and one unstageable pressure injury. A section 31 was completed for the unstageable pressure injury. Assessments and wound management plans including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurs as planned in the sample of wounds reviewed. There has been education sessions held around wound care and pressure injury prevention and management.  Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources as sighted during the audit. There is access to a continence specialist as required.  Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; intentional rounding; blood sugar levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries describe the behaviour and interventions to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.  Evaluations are scheduled and completed at the time of the interRAI re-assessment. Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans have been updated following the six monthly multidisciplinary (MDT) meeting and to reflect the interRAI reassessment, or sooner when changes have occurred. Family/whānau are invited to attend the care plan review meeting.  Short term issues such as infections, weight loss, and wounds are addressed in an electronic short-term care plan. |
| Subsection 3.3: Individualised activities  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. | FA | The residents’ activities programme is implemented by a team of a full time qualified diversional therapist and a part time activities coordinator.  One staff member works Monday to Friday 8:30 to 4:30 and the other works Monday to Thursday 10am to 3:30. Morning activities are held in the Elloughton lounge and afternoon activities in the Elizabeth wing. There are a wide range of activity resources available for HCAs to access for residents. There are also ‘puzzle stations’ set up with jigsaws around the facility. A selection of movies is available for residents. The activities programme is displayed on a noticeboard in the communal areas 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. One on one visits are also scheduled for residents returned from hospital stays. An outing is organised weekly and regular visits from community visitors occur. Catholic communion church services are held weekly, and combined Anglican and Presbyterian services are provided monthly. All residents are welcomed at all services.  Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. The diversional therapist has completed a course in te reo Māori skills and enjoys incorporating te reo Māori into the activities programme. The diversional therapy team have affiliations with the local Arowhenua Marae and a kaumatua visits monthly. There have been Māori weaving activities, and kapa haka groups visits are planned. A review of photographs of recent special events includes a visit to a local sunflower farm, a demonstration from a French polishing expert, a museum trip, and visits to the local port to see cruise ships. On the day of audit, the service was celebrating Anzac Day with pictorial displays, staff wearing the uniforms worn by war nurses and a memorial service at the entrance to the facility.  The residents’ activities assessments are completed by the diversional therapist in conjunction with the RN on admission to the facility. Information on residents’ interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment and resident profile (about me and life history) which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident’s individual activity care plan. The residents’ activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.  The residents and their family/whānau reported satisfaction with the activities provided, as did the resident advocate interviewed. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held monthly and include discussion around activities. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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. | FA | The medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities have been recorded on the electronic medication chart, and all medication charts have current photo identification.  Medications were appropriately stored in the medication trolley and medication room. All medications are checked on delivery against the prescription and signed on the pack and electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.  Service providers ensure competent health care and support workers manage medication including receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy. Staff who administer medications have been assessed for competency on annual basis. Education around safe medication administration has been provided.  The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily.  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 are evident in staff files.  Education for residents regarding medications occurs on a one-to-one basis by the clinical nurse manager or RNs. Medication information for residents and family/whānau can be accessed online as needed.  There were three residents self-administering medication on the day of the audit. Each resident had a self-medication competency signed three monthly by the GP and safe storage in their rooms. The service adhered to documented procedures around safe self-administration. There are no vaccines stored on site, and no standing orders are used.  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. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | Food services at Elloughton Gardens are provided by an external catering company. All food and baking are prepared onsite. The external catering company employs all kitchen staff. The facility employ staff who deliver the morning and afternoon tea and serve meals.  A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents’ dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident’s dietary needs change. Diets are modified as needed and the kitchen manager interviewed confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents 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. Menu options for Māori included but were not limited to kumara and bacon soups, Māori steamed puddings, pork and watercress, Māori scones, kumara cakes and many more.  Meals are plated in the kitchen and placed in hotboxes and served to residents directly in each of the four dining rooms. Food is plated and transported in hotboxes to residents who choose to have meals in their 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 food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. The food control plan is current. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The kitchen manager (interviewed) is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer is electronically monitored through an electronic platform. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.  On interview the kitchen manager was familiar with the concepts of tapu and noa. The kitchen manager discussed occasions where the service has provided culturally appropriate meal services and plans to provide cultural appropriate food for Matariki celebrations and kitchen staff performing waiata for the occasion. Snacks are available all day and special utensils are available to use.  Discussion and feedback on the menu and food provided is sought at the residents’ meetings (family/whānau invited) and in the annual residents’ survey. Residents and family/whānau interviewed stated that they were satisfied with the meals provided. |
| Subsection 3.6: Transition, transfer, and discharge  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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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. | FA | There is a Radius discharge, transition, and transfer 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 and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.  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.  Interviews with the nurse manager, RNs, and review of residents’ files confirmed there is open communication between services, the resident and the family/whānau. Relevant information is documented and communicated to health providers. A verbal handover is provided, and the facility utilise the yellow envelope Health New Zealand transfer documentation system to ensure consistency of transfer processes. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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. | FA | There is a building warrant of fitness certificate that expires on 1 May 2024. Process’ were in place at the time of audit for a replacement warrant. There is a full-time maintenance person who is well qualified and experienced for the role. The maintenance person is responsible for implementing the annual organisational maintenance programme. Maintenance requests are logged through the electronic system and followed up in a timely manner. An annual maintenance plan includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures and appropriate pest control management is in place. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available as required. Checking and calibration of medical equipment, hoists and scales is completed annually. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.  All outdoor areas well maintained and are accessible and safe for residents’ use. seating and shade are provided. All bedrooms and communal areas have sufficient natural light and ventilation. There is underfloor heating throughout the facility.  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.  The Elizabeth wing has full ensuite in all bedrooms. The two middle wings Elloughton and William Grant have either a shared ensuite or toilet facilities only. Three rooms do not have a toilet but are located in close proximity to communal facilities. There are adequate numbers of communal toilets and showers for residents and separate toilets for staff and visitors. Toilets and showers have privacy locks in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.  There is an open plan communal lounge and dining room in the Elizabeth wing which is large enough to cater for rest home or hospital residents. There are lounges in each of the four wings and smaller lounges throughout the facility available for quiet areas and family visiting. The lounges are spacious and able to accommodate equipment and provide appropriate areas for dining, relaxation, and activities. Activities can also be provided from a separate activities room located adjacent to the large communal conservatory.  There are no plans for building or major refurbishments. If this is planned in the future, the facility manager and organisation are aware of their obligation to seek advice from Māori. This would be coordinated from head office staff. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | Emergency management policies, including the pandemic plan, outline 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.  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.  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.  There are call bells in the residents’ rooms, communal toilets, showers, and lounge/dining room areas. These are audible and are displayed on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells near to them. They can choose to wear a call bell pendant or wrist alarm. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.  The building is secure after hours and staff complete security checks at night. All external doors are alarmed. Visitors are monitored at entry through a screening process. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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. | FA | 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.  The Radius organisation has personnel with expertise in infection prevention and 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 - South Canterbury, who can supply Radius with infection prevention and control resources.  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 Chief Executive/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.  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 prevention control coordinator, the national clinical team, the GP, and the public health team.  There are adequate resources to implement the infection control programme at Elloughton Gardens. External resources and support are available through external specialists, microbiologist, GP, wound nurse, and Health New Zealand - South Canterbury when required. Overall effectiveness of the programme is monitored by the facility management team.  The clinical nurse manager is the infection prevention and control coordinator and are well established in the role. 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. A documented and signed role description for the position is in place. The infection prevention and control coordinator is supported by the facility manager. |
| Subsection 5.2: The infection prevention programme and implementation  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. | FA | 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 are linked to the quality and business plan.  Documented policies and procedures are in place and 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.  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 prevention and 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 prevention and control coordinator has input when infection prevention and control policies and procedures are reviewed.  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 prevention and 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.  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 hand hygiene, 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 prevention and control, and staff are trained in cultural safety. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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. | FA | 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.  Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Further discussion takes place at senior management level and is reported to the Board. Trends are identified both at site level and national level. Feedback occurs from national senior management level. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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. | FA | 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.  Monthly infection data is collected for all infections based on standard definitions. Infection prevention and 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 prevention and control data at national level. Review of benchmarking data shows Elloughton Gardens has consistently had low infection rates.  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.  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.  There have been two Covid-19 outbreaks since the previous audit in May 2022 October/November 2023. The outbreaks were managed effectively, with post outbreak meetings to assist with reviewing practises and processes to minimise further outbreaks (meeting minutes were reviewed). Residents and family/whānau were updated regularly through the outbreaks.  Hand sanitisers and gels and other personal protective equipment is available for staff, residents, and visitors to the facility. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | 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.  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 prevention and control, as components of mandatory training.  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.  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 staff 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.  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 services in interviews, resident meetings and in satisfaction surveys. Any concerns that arise are immediately addressed.  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 prevention and control team. There were no construction, installation, or maintenance in progress at the time of the audit. Infection prevention and control internal audits are completed by the infection prevention and control coordinator. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | 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 (RN) and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.  The restraint coordinator, RNs, HCAs, and clinical nurse manager interviewed are conversant with restraint policies and procedures. The restraint policy confirms that restraint consideration and application would be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, Radius Elloughton will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility continues to be restraint free with no residents using restraints. The restraint coordinator confirmed Elloughton Gardens is committed to providing services to residents without use of restraint, thus maintaining a restraint-free environment. The organisational plan evidence a Radius Care commitment to maintain a restraint free environment.  A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident (where appropriate), EPOA restraint coordinator and cultural advisor (if required).  The use of restraint (if any) would be reported in the combined quality and staff meetings. The reporting process to the governance body includes restraint data that is gathered, analysed, and benchmarked.  Training for all staff occurs at orientation and annually. This includes a competency assessment. A continuous improvement rating was awarded for the implementation of strategies to eliminate restraint and maintain a restraint free environment. |

# 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.

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| 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.

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| --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 2.2.4  Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them. | CI | The facility manager and clinical nurse manager had observed there were opportunities to improve the quality of palliative care at Elloughton Gardens, this included improving communication and cultural competency amongst the internationally qualified nurses (IQNs) /RNs. | The facility manager and clinical nurse manager identified that there were opportunities for improvement around the palliative care service and staff skills and confidence around palliative care. The service developed a questionnaire that was utilised both pre and post a planned education programme with the IQNs/RNs. The questionnaire had been developed by the Radius national quality manager and provided to the Elloughton RNs. The questions included a). How confident do you feel to direct and lead the care of a resident receiving palliative care? b). How you feel your understanding of palliative medication is? and c). How comfortable do you feel having conversations with whanau regarding palliative care?  The outcome of the prequestionnaire at Elloughton Gardens was that 50% of the RNs lacked confidence in all three questions. An education plan had been developed and was reviewed by the Elloughton Gardens clinical manager. The education programme was implemented and included training sessions held by Health New Zealand - South Canterbury Palliative Care Specialist. Sessions included (but were not limited to) the dying process, Te Ara Whakapiri, pain medication, behaviour approaches in palliative care. An End-of-Life care booklet had been developed by the national Quality Manager for use when communicating with family/ whānau where a resident requires end of life care. The intention of the booklet was not to be a replacement for family/whānau discussion and communication, but to support the dialogue and provide a resource. Family/whānau are encouraged to share the booklet amongst their family/whānau and to take home to read and improve their understanding of what to expect at end of life.  At the end of the education programme the RNs were re - surveyed. One hundred percent of the RNs surveyed felt their confidence in delivering quality palliative care had increased. At Elloughton Gardens the GP interviewed stated they had noted an improvement in RN confidence and their management of residents requiring palliative care with more appropriate and timely communications around day-to-day issues. Both the Palliative Care Specialist and the GP stated that they felt more confident with the nurses, and that their level of knowledge had improved.  The facility manager confirmed her belief that the palliative care service at Elloughton Gardens has significantly improved with the use of the end-of-life resources. This was supported by a written confirmation by the palliative nurse specialist. The facility manager has a collection of cards and letters of appreciation from family/whanau who have had residents who received palliative care at Elloughton Gardens and were able to confirm the quality of their experience. |
| Criterion 2.3.5  Service providers shall assist with training and support for people and service providers to maximise people and whānau receiving services participation in the service. | CI | Due to the Covid-19 pandemic and the national workforce shortage, particularly amongst RNs. Radius developed a range of successful recruitment strategies to employ internationally qualified RNs (IQNs). Elloughton Gardens is located in Timaru and the facility manager and clinical manager identified they needed to recruit IQNs who would stay in the area. Therefore, they focussed on potential recruits who had families. Information was provided to these potential recruits about schooling, housing potential and on-site accommodation was developed. Elloughton Gardens has recruited several new RNs to ensure they were able to their immediate contractual obligations. On their arrival new staff were welcomed and made to feel welcomed by being provided with support to get groceries and shown around the town in a van trip by a staff member. It was also identified by Radius management there was a knowledge gap with newly employed IQNs.  Radius implemented the new developed Radius Unleash EPEC (exceptional people exceptional care) training led by Radius quality manager and Radius education manager for their new RNs. | The Unleash EPEC is a 10-week comprehensive training programme designed to support the new RNs who are unfamiliar with aged care as a speciality and address the shortfalls in their knowledge. The IQNs lack prior experience in aged care and were unfamiliar with the New Zealand healthcare system. The programme includes 40 hours of virtual training and 40 hours of completion of a workbook including reflection sessions on various topics. This led to opportunities for continuous improvement, particular in the areas of cultural adaptation, cultural safety and cultural awareness, communication and development of aged care specific skills. Participants and the management team completed surveys prior to training to identify the challenges. A post education survey was completed after the training. Positive outcomes include:(a) improved communication within the clinical team as evidenced by statements from multidisciplinary team members (hospice nurse interviewed) including the GP;(b) increase in IQN confidence to provide cultural safe care as evidence through their written feedback and reflective practice narratives; (c) improvement in their reporting and observation skills that led to early resident intervention when required and improved the quality of care of residents. At interview the Elloughton Gardens IQNs confirmed their increased skills and knowledge and also talked about the benefits of the accommodation and time taken with them as contributors to their improved confidence and work satisfaction.  The resident and family/whānau survey evidence an increase of the overall performance from 87% in 2022 to 93% in 2023 with an increase in satisfaction in communication (81%) and provision of healthcare services (93%). |
| Criterion 6.1.1  Governance bodies shall demonstrate commitment toward eliminating restraint. | CI | Radius Elloughton initiated a quality improvement project to reduce restraint usage at the service in comparison or benchmarked against other sister Radius sites. Historically Radius Elloughton has had residents who have required restraint. In 2020 the facility engaged on a project to critically review the three residents on restraints with the main goal of eliminating all restraints within the facility. | The facility worked towards eliminating restraint and to maintain a restraint free environment. Since 2020 the facility has been restraint free through implementing of (i) staff training that include restraint elimination, alternatives to restraint use and effective management of distress behaviour, (ii) Diversional therapy which is tailored to specific residents; (iii) a falls prevention programme that include use of alternatives including (but not limited to) low beds, intentional rounding, activities; and (iv) discussion with new residents and their family/whānau prior to admission on strategies in place to support them.  The success of Elloughton Gardens ongoing commitment was measured by extracting data on restraint usage from the organisation’s benchmarking record. The benchmarking evidence that Radius Elloughton compared with other sister facilities was amongst the top facilities that had managed to remain restraint free. The service has remained committed to the elimination of all restraints within the facility. Despite there being no restraint in use there have been regular restraint meetings as part of the RN meeting, which include, review, analysis and reporting on residents who would require restraint if the facility did not provide their comprehensive suite of alternative measures. These include the implementation of intentional rounding for at risk residents, toileting regimes, use of alternative equipment to support the residents, ongoing discussions with family/whānau and EPOAs, and facilitation of activities. The restraint usage dropped from three in 2020 to zero restraint so far year to date 2024.  Positive outcomes have been measured in staff, residents, and relative satisfaction surveys conducted and data reviewed. Performance satisfaction increased significantly with 100% satisfaction with communication, core services and healthcare services evidenced in the latest survey results. This was also confirmed in interviews conducted with the staff, residents, and family/whānau, respectively. |

End of the report.