

Radius Residential Care Limited - Radius St Joans Care Centre

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Radius Residential Care Limited
Premises audited:	Radius St Joans Care Centre
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 20 May 2024 End date: 21 May 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	77

--

Executive summary of the audit

Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Radius St Joans is owned and operated by Radius Residential Care Limited. The service provides hospital (medical and geriatric), rest home, physical, and intellectual disability levels of care for up to 92 residents. On the day of the audit, there were 77 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 - Waikato. 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 suitably qualified and experienced in aged care. The facility manager is supported by the clinical nurse manager, administrator, and team of experienced care staff. These roles are supported by the Radius regional manager and a national quality manager.

This audit has identified the service meets the Ngā Paerewa Health and Disability Services Standard.

The service has been awarded a continuous improvement rating related to training.

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

Residents receive services in a manner that considers their dignity, privacy, and independence. Radius St Joans provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated at facility level, reported to the regional manager and a consolidated report and analysis of all Radius facilities are then provided to the Board each month.

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

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

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
---	--	--

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 are used to identify residents’ needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents’ files reviewed demonstrated evaluations were completed at least six-monthly. Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

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

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

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. The organisational dietitian reviews the menu plans. Cultural options are included in menu planning.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
---	--	--

The building holds a current building warrant of fitness certificate. There is a preventative maintenance plan that include the monitoring of hot water temperatures. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Bedrooms are spacious to accommodate mobility equipment. Rooms are personalised. Ventilation and heating is appropriate.

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

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

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

Subsections applicable to this service fully attained.

A suite of infection control policies and procedures are documented. There is a comprehensive pandemic plan. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board.

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

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

There are documented policies to guide safe restraint use. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were two residents using restraint. Strategies to eliminate restraint are 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. There is a process for quality review. Restraint use is benchmarked.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	1	179	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori. Radius is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and the resident care plans include a Māori Health care plan based on Te Whare Tapa Whā. Links are established with local Māori community members, current residents, their family/whanau, and staff. Māori assessments are in place and are completed for residents who identify as Māori.</p> <p>The Radius strategic plan and Māori Health Strategy document support strategies to increase Māori capacity by employing and recruiting Māori staff at Radius St Joans. Radius St Joans business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identified as Māori. Radius is supporting Māori staff to succeed in the workplace. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Interviews with staff (nine healthcare assistants [HCA], four registered nurses [RNs], two housekeepers, activities coordinator, one kitchen manager, one maintenance) and managers (facility manager, clinical nurse manager, roving facility manager and regional</p>

		manager) and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Radius Pacific Health Plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were residents identifying as Pasifika at the time of the audit who confirmed that their family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, and recognition of cultural needs.</p> <p>Radius St Joans partners with their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people and celebrating cultural ceremonies. The Health and Disability Commissioner's (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pacific languages.</p> <p>The service continues to actively recruit new staff. There are currently staff employed that identify as Pasifika. The facility manager confirmed how Radius increases the capacity and capability of the Pacific workforce, as described in the business plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical nurse manager or registered nurse discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, and te reo Māori.</p> <p>Discussions relating to the Code are held during the two-monthly resident meetings. Families are invited to attend. All residents interviewed (two younger residents, four rest home and one hospital)</p>

		<p>and five family/whānau (hospital) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack information provided to residents and their family/whānau. There are links to spiritual supports.</p> <p>Interdenominational church services are held weekly, and these are well attended by residents. Staff have completed cultural training which includes Māori rights, Māori model of care and health equity. The service recognises Māori mana motuhake, which reflects in the Radius St Joans business and quality plan for 2024-2025 and Radius Māori health strategy.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Interviews by the consumer auditor with two younger residents confirmed that individual cultural beliefs and values, are respected.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed (including two YPD) stated they have choice, and they are treated with respect. 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. Residents have control over their choice and personal matters, including choice over activities they participate in and who they socialise with.</p> <p>The Radius annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity, respect and spoke to in a courteous manner. Satisfaction surveys are completed annually to survey resident</p>

		<p>satisfaction in relation to upholding resident's rights and privacy.</p> <p>A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships, including for the couples admitted in the service. 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.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>The facility manager confirmed that cultural diversity is embedded at Radius St Joans, and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga Māori flip chart is available for staff to use and te reo 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.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Radius St Joans policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and</p>

		<p>staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. Radius Māori Health Strategy includes strategies to abolishing institutional racism.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity, as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The staff engagement survey for 2023 (sighted), evidence positive comments related to colleagues being helpful and supportive of each other, thus creating a positive workplace culture. Te Whare Tapa Whā is recognised, and the care plans identify resident focussed goals and reflects a person-centred model of care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information about the service is provided to residents/family/whānau on admission. Bi-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. All correspondence with family/whānau is documented in the resident's file and in the progress notes. Twelve accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with five family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>Non-subsidised residents are advised in writing of their eligibility and</p>

		<p>the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand Te Whatu Ora - Waikato specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. The electronic register captured numerous compliments from family/whānau, which evidence effective communication.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes through regular communication and monthly newsletters. Resident meetings are held bimonthly, and minutes indicate that the service is open and transparent with updates about the services.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Resuscitation Management, Resident Representative, Enduring Power of Attorney (EPOA) policies guide staff around informed consent processes. The resident files reviewed included signed general consent forms. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p>

		<p>Staff have received training related to informed consent.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter and incapacity assessment was on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC).</p> <p>Three complaints have been lodged in 2023, and two in 2024 year to date since the previous audit. There were no identified trends in respect of these complaints. Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the staff, quality, and registered nurse meetings (meeting minutes sighted). Higher risk complaints are managed with the support of the regional manager. There have been no external complaints.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including (but not limited to) resident meetings, or one on one with feedback with management. During interviews with family/whānau, they confirmed the facility manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints process. The complaints management procedure ensures Māori residents are supported to ensure an</p>

		equitable complaints process. The facility manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Radius St Joans has a total of 92 beds and is certified for rest home, hospital (including medical), physical and intellectual residential disability levels of care. There are 31 dedicated rest home beds and 55 dual purpose beds. There are six double rooms intended for married couples. As the double rooms are only used for married couples, the overall bed numbers have reduced to 92. None of the double rooms were shared on the days of the audit.</p> <p>At the time of the audit there were 77 beds occupied: 30 rest home level care residents, which included two residents on younger person with a disability (YPD) contract, one short-term respite, one on Accident Compensation Corporation (ACC) funding, and two long-term support chronic health (LTS-CHC) residents; 47 hospital level care residents, including two YPD, one on close to age, and two ACC. All the remaining residents are under the age-related residential care (ARRC) contract.</p> <p>Radius strategies describe the vision, values, and objectives of Radius aged care facilities. The overarching Radius Care strategic plan 2023-2028 has clear business goals to support their philosophy 'Caring is our calling'. The 2024-2025 Radius St Joans business plan describes specific and measurable goals that are regularly reviewed and updated. These site-specific goals relate to business and services; leadership and management; financial leadership and management; risk management and marketing; advertising and promotion; and clinical quality goals related to falls reduction, safe medication management, compliance of clinical documentation, infection control and antimicrobial stewardship and compliance with manual handling training. Goals are regularly reviewed, evidenced in monthly reporting.</p> <p>Details supplied by the national quality manager, and regional manager interviewed confirm that the Governance Board consists of the Radius managing director/executive chairman and four</p>

		<p>professional directors, each with their own expertise. A Māori health strategy is actioned at Board level. There is now a cultural advisory group (National Cultural Committee) which meets three-monthly and provides advice to the Board on any issues requiring cultural oversight and direction. The terms of reference for the Radius Governance Body adheres to a documented agreed terms and reference. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, as documented in the strategic plan.</p> <p>The chief executive officer (CEO) is responsible for the overall leadership of the management team. As part of the CEO's role, responsibility for the operations lies with senior management team of Radius Residential Care. The weekly and monthly reporting structure informs the CEO and Board of operations across the organisation. Ethnicity data is captured electronically at facility level and a three-monthly report is generated for the National Cultural Committee to review. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity, and outcomes for all residents.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The working practices at Radius St Joans are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improve 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.</p> <p>Clinical governance is overseen by the organisation's national quality manager and the risk and compliance manager, includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI's). These outcomes and corrective actions are discussed at the compliance and risk meeting led by one of the Board members. High risk areas are discussed</p>
--	--	---

		<p>alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved.</p> <p>The facility manager, an ex-registered nurse, has been with Radius since 2023 and in the current role since April 2024. They have been supported and orientated into their new role by the previous (roving) facility manager. The facility manager has over 13 years' experience in aged care. The facility manager is supported by a regional manager, the Radius national quality manager, and a clinical nurse manager, who has been in their role for three years.</p> <p>The facility manager and the clinical manager have completed other professional development activities in excess of eight hours annually, related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Radius St Joans is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints).</p> <p>A range of monthly meetings (eg, staff quality, registered nurse quality, and restraint) provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis, including benchmarking, feedback through residents' meetings, and complaints management provides an avenue for critical analysis of work practices to ensure health equity.</p> <p>Quality improvement plans have been documented and include</p>

		<p>monitoring of progress on clinical indicators such as falls (in order to reduce the incidents) and ensure quality of life. This also includes quality improvement plans that have seen optimisation of community engagement and resident tailored activities.</p> <p>Cultural safety is embedded in the quality system. Tāngata whaikaha have meaningful representation through two-monthly resident meetings and six-monthly care conferences.</p> <p>The results of the 2023 resident and family/whānau satisfaction survey results have been compared with previous surveys. With a net promoter score (NPS) of +49, this was an improvement from previous results (+12). The residents, family/whānau and staff received the results.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the national quality manager. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety team, led by the health and safety representative, meets monthly as part of the staff and registered nurses' quality meetings. The health and safety officer was interviewed and confirmed they all received external training for their role. Hazard identification forms and an up-to-date hazard register were reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff/quality and registered nurses/quality meetings. Staff incidents, hazards and risk information is collated at facility level, reported at company level by the support office to the operations management team, and a consolidated report of the analysis of facilities are provided to the Board.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Radius facilities. Ethnicity data is linked to benchmarking data. The electronic resident management system</p>
--	--	--

		<p>escalates alerts to Radius senior team members, depending on the risk level. Results are discussed in meetings and at handover. Opportunities to minimise future risks are identified by the clinical nurse manager, in consultation with registered nurses and healthcare assistants. Internal audit on accident and incident reporting was completed and evidence full compliance.</p> <p>Discussions with the facility manager and clinical nurse manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of pressure injuries, an absconder, and a change in management.</p> <p>There have been two outbreaks since the previous audit (Covid-19 in February 2023, and January 2024), which were appropriately reported, managed, and staff debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Radius has developed a virtual registered nurse role. This includes a team of registered nurses working remotely from their place of residence, providing virtual support to a level four healthcare assistant (also includes internationally qualified nurses [IQN]). Radius St Joans have a full complement of registered nurses and have not needed to use the virtual registered nurse. There is 24/7 RN cover.</p> <p>Healthcare assistants reported staffing is adequate. The roster reviewed were fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The facility manager interviewed confirmed call bell reports are regularly reviewed to ensure timely attendance to residents' needs.</p> <p>All registered nurses and the activities team hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>The facility manager and the clinical nurse manager work full time (Monday to Friday). There is also a clinical leader working a 4 on, 4</p>

		<p>off shift pattern. The registered nurses on shift manage most of the queries and staffing cover, with the clinical nurse manager and facility manager providing support out of hours.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. This includes staff completing a cultural competency. External training opportunities for care staff include training through Health New Zealand - Waikato and hospice. Compulsory training also includes topics relevant to physical disability and young people with physical disabilities. Two family members of YPD residents expressed confidence in the ability and competence of the staff to look after their loved ones.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning about and address inequities.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-seven healthcare assistants are employed and 27 hold the national Certificate in Health and Wellbeing level three or above. Radius supports all employees to transition through the NZQA Certificate in Health and Wellbeing.</p> <p>A training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. All RNs have attended in-service training which included medical conditions specific to the current residents. The service has attained a continuous improvement rating for the development and implementation of Unleash EPEC (exceptional people exceptional care) training for International qualified nurses (IQN) and registered nurses [RN]. Five registered nurses are interRAI trained. The service has been awarded a continuous improvement rating around training and support for</p>
--	--	--

		<p>IQNs.</p> <p>All healthcare assistants are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, hand hygiene and cultural competencies. A selection of healthcare assistants completes annual medication administration competencies. A record of completion is maintained on an electronic human resources system.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys, and performance appraisals. Staff wellness is encouraged through participation in health and wellbeing activities and initiatives. Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers and workplace initiatives are encouraged.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are on an electronic human resources system. Eight staff files reviewed (one HCA, two housekeepers, three RNs, one maintenance, and one activities gardener) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented, and all staff have a three-monthly appraisal following their period of orientation, followed by annual performance appraisals. All performance appraisals were completed as per the appraisal schedule.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of</p>

		<p>competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and healthcare assistants to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a clinical records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Radius business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p>	FA	<p>On enquiry, an information booklet detailing entry criterion is provided to prospective residents and their family/whānau. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service</p>

<p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>complied with entry criteria.</p> <p>The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) are informed of the decline to entry. Alternative services when possible are to be offered and documentation of reason in internal files. The resident would be declined entry if not within the scope of the service or if a bed was not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service.</p> <p>The Admission Entry and Declining Policy requires the collection of information that includes (but is not limited to) ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Interviews with residents and family/whānau and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity, including Māori, is being collected and analysed by the service. The management team described relationships with identified Māori service provider groups within the community.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Nine resident files reviewed: five at hospital level, including one resident on a close to age contract; four at rest home level care, including two younger persons with disability (YPD), one ACC respite, and one on LTS-CHC. Initial care plans are developed with the residents' or EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments. Appropriate risk assessments are conducted on admission. Cultural considerations are included in all care plans.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments</p>

		<p>and the interRAI assessment and are completed within three weeks of the residents' admission to the facility. Residents on ARRC and the resident on a close to age contract had the required initial interRAI assessments and interRAI reassessments completed within the required timeframe. The residents on LTS-CHC and YPD are not required to have an interRAI assessment completed; however, a comprehensive suite of assessments contained in the electronic resident management system had been completed. The resident on short-term ACC respite care had a comprehensive initial care plan completed.</p> <p>The care plans identify resident focussed goals, recognise Te Whare Tapa Whā and reflects a person-centred model of care. The care plans identify key assessed risks, including medical risks and initial interventions reflective of interRAI assessments and describe in detail all support required to address assessed needs. The service is responsive to young people with disabilities, creating an environment where they can be supported to access community resources, facilities, family/whānau and friends. The care plans demonstrated to be resident centred, including a reflection of resident wellbeing, community participation, as well as meeting the physical and health needs of the residents.</p> <p>The residents who identified as Māori have a Māori health care plan in place which describes the support required to meet their needs. The registered nurses interviewed describe removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP visits the facility at least twice weekly. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service, they were informed of concerns in a timely manner, and that they were very confident in the</p>
--	--	--

		<p>abilities of the nursing team. The facility is provided access to an after-hours service by the GP. A physiotherapist visits the facility three times per week and reviews residents referred by the clinical nurse manager or RNs.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that they are informed where there is a change in health status. Any email correspondence is uploaded to the electronic file. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There was one resident with a chronic lower leg ulcer, which was well managed and showing progress towards healing. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. Other wounds included skin tears, abrasions, and a surgical wound. There were three residents with stage I pressure injuries.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed in all files reviewed. 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; restraint, blood sugar levels; and toileting regime. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>Policies and guidelines are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p> <p>Resident care is evaluated on each shift and reported at handover</p>
--	--	--

		<p>and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. The RN documents evaluations. The evaluations include the degree of achievement towards meeting desired goals and outcomes. Family/whānau are invited to attend the care conferences when care plans are reviewed.</p> <p>Short-term issues such as infections, weight loss, and wounds are addressed in an electronic short-term care plan and closed off when resolved or transferred to the long-term care plan if ongoing.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The residents' activities programme is implemented by a team comprising of a full-time activity coordinator who works Monday to Friday, two part-time activities assistants, and volunteers. All volunteers are inducted to the service. Healthcare assistants have access to a cupboard with table games, puzzles, quizzes, and other resources to assist with activities after hours and weekends. A selection of movies is available for residents. Weekend board games and the knitting group is led by residents. The monthly activities programme is displayed on a noticeboard in the communal area and on individual resident noticeboards. The daily schedule is clearly written on the board each morning for residents to see.</p> <p>The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. The consumer auditor interviews evidence younger residents are able to participate in a range of activities, including cultural and community events consistent with their interests.</p> <p>For those residents who choose not to take part in the programme, one on one visits from the activities staff occur regularly. An outing is organised weekly and regular visits from community visitors occur. There are outings such as for shopping, coffee, and lunch, especially for younger residents. Church services occur and a bible study group meets regularly. Cultural activities, cultural events and craft opportunities are facilitated for residents.</p>

		<p>The activity coordinator integrates te reo Māori in the daily programme, with the use of te reo Māori phrases and everyday words, as part of the daily activities programme. The activities coordinator utilises their Māori connections and Māori residents to also provide guidance.</p> <p>The residents' activities assessments are completed by the activity coordinator on admission to the facility. Information on residents' interests, family/whānau, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural consideration and a resident profile (about me and life history). 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 contribute to the formal six-monthly multidisciplinary review process. Participation is monitored through attendance records.</p> <p>The residents and their family/whānau reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held. Opportunities for discussions are facilitated and any concerns are raised with the facility manager and clinical nurse manager.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Seventeen electronic charts and one paper-based medication chart were reviewed. Prescribing practices are in line with legislation, protocols, and guidelines. The required documented three-monthly reviews by the general practitioner provide evidence of assessment to reduce polypharmacy where indicated. Resident allergies and sensitivities have been recorded on the electronic medication chart, and all medication charts have current photo identification.</p> <p>The service uses pharmacy pre-packaged medicines that are</p>

		<p>checked by the registered nurse on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications are stored securely in accordance with requirements. The staff observed administering medication, demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management. The medication administration process complied with the medicine administration policies and procedures. The registered nurses oversee the use of all pro re nata (PRN) medicines and review documentation made regarding effectiveness on the electronic medication management system, as evidenced in progress notes. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding their medications occurs on a one-to-one basis by the clinical nurse manager or registered nurses. Medication information for residents and family/whānau can be accessed online as needed.</p> <p>The service facilitates young people with disabilities and other residents wishing to self-administer medications, to do so in line with the policy and procedure. At the time of the audit, there were two rest home residents self-administering medication. They had a current signed medication self-administration competency, which included approval by the general practitioner. This is reviewed at least three-monthly. There are documented procedures in place around safe self-administration and safe storage. There are no vaccines stored on site, and no standing orders are used.</p> <p>The medication policy describes the consideration of over-the-counter medications when prescribing occurs and access to traditional Māori medications. Interview with registered nurses confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the general practitioner, following discussion with the resident and/or their family/whānau.</p>
--	--	--

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food services at Radius St Joans are provided by an external catering company. All food and baking are prepared on site. The external catering company employs all kitchen staff. The kitchen manager (head chef) works full time Monday to Friday and is supported by a second weekend cook and team of kitchen assistants, who cover the morning and afternoon shifts.</p> <p>A nutritional assessment for each resident is undertaken by the registered nurses on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the kitchen manager interviewed confirmed awareness of the dietary needs, likes, dislikes, and cultural needs of residents. These are accommodated in daily meal planning. For residents who identify as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>Meals are plated in the kitchen from a bain-marie, transported in hotboxes to the two dining rooms and served to residents by the HCAs.</p> <p>The temperature of food served is taken and recorded prior to serving. 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. There is a current food control plan, expiring 30 March 2025. 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</p>
--	----	---

		<p>stock containers are labelled and dated.</p> <p>On interview, the kitchen manager was familiar with the concepts of tapu and noa. The kitchen manager discussed occasions where the service has provided culturally appropriate meal services. Culturally specific menu options are identified on the menu and includes cultural selections appropriate for Māori, Pasifika and Asian.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings (family/whānau invited) and in the annual residents' survey. The residents and family/whānau interviewed stated their satisfaction with the food services. A satisfaction rate of 78% in relation to food services was recorded at the last satisfaction survey and several improvement initiatives were implemented.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a Radius 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.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the clinical nurse manager, RNs, and review of residents' files confirmed there is open communication between services, the resident and the family/whānau. Relevant information is documented and communicated to health providers. A verbal handover is provided between services.</p>
Subsection 4.1: The facility	FA	The building has a current building warrant of fitness, which expires

<p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>on 1 December 2024. The environment is inclusive of peoples' cultures and supports cultural practices. There is a full-time maintenance officer responsible for implementing the annual organisational maintenance programme. Maintenance requests are logged through the electronic system and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging of equipment; call bell checks; calibration of medical equipment; monthly testing of hot water temperatures; and appropriate pest control management. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available as required. Checking and calibration of medical equipment, hoists and scales is completed annually. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 45 degrees Celsius.</p> <p>The facility has sufficient space for residents to mobilise using mobility aids, including a mobility scooter parking/charging bay. The external area is well maintained, with ramps to the outdoors. Residents have access to safely designed external areas that have seating and shade. Staff stated they had sufficient equipment to safely deliver the cares, as outlined in the resident care plans. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home, hospital level and younger persons with disability.</p> <p>All resident rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids and electric wheelchair. Residents are encouraged to personalise their bedrooms. There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. Fixtures, fittings, and flooring is appropriate for ease of cleaning. Toilets and showers have privacy systems in place. Vacant/in use identifiers are on all doors.</p> <p>Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. The communal areas include the main lounges and several smaller lounges and separate dining areas. These areas are easily and safely accessible for residents. Any future refurbishment plans will be discussed with Māori representatives in</p>
--	--

		<p>order to ensure their aspirations and identity are included. General living, communal areas, and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open, allowing plenty of natural sunlight. The temperature was a good ambient temperature on the day of the audit. 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. All outdoor areas were maintained and are accessible and safe for residents' use.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There is a resident list with mobility needs and assistance required in an event of evacuation.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (23 October 2012). 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. There is access to a diesel generator.</p> <p>In the event of a power outage, there is back-up power available with Radius head office support and gas cooking. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day, for a minimum of seven days. Emergency management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms, communal toilets, showers, and lounge/dining room areas. The call bell system was recently upgraded, and these are audible and are displayed on</p>

		<p>attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells near to them. They can choose to wear a call bell pendant or wrist alarm. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors are alarmed. Visitors are controlled through a screening process for symptoms of infection, and body temperature is measured at entry.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Radius strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>The Radius organisation have personnel with expertise in infection control and AMS as part of their senior management team. Expertise can also be accessed from Radius quality manager, Public Health, and Health New Zealand -Waikato, who can supply Radius with infection control resources.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the Radius Board. The clinical team report pandemic analysis weekly to the regional manager, whose report is available to the CEO/Board. Outbreak of other infectious diseases is reported if and when they occur. Monthly compliance and risk reports are completed for all facilities by the compliance and risk manager for the CEO. Monthly collation of data is completed, trends are analysed and then referred back to the facilities for action.</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the national clinical team, the GP, and the public health team.</p> <p>External resources and support are available through external specialists, microbiologist, general practitioner, wound nurse, and Health New Zealand -Waikato when required. Overall effectiveness of</p>

		<p>the programme is monitored by the facility management team.</p> <p>A registered nurse is the infection control coordinator. A documented and signed role description for the position is in place. The infection control coordinator reports to the clinical nurse manager.</p> <p>There are adequate resources to implement the infection control programme at Radius St Joans. The infection control coordinator is responsible for implementing the infection control programme, liaises with management and staff who meet monthly as part of the registered nurse quality meeting, staff quality meeting and as required.</p> <p>Infection control reports are discussed at the registered nurse quality meetings and staff quality meetings. The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and is linked to the quality and business plan.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources, including personal protective equipment (PPE), were accessible and observed to be used appropriately and as indicated for the residents with Covid-19 infection at the time of the audit. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were</p>

		<p>able to locate policies and procedures. Radius has an organisational pandemic response plan in place which is reviewed and tested at regular intervals. The infection control coordinator has input when infection control policies and procedures are reviewed.</p> <p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection control coordinator has access to an online training system with resources, guidelines, and best practice. Infection control audits are completed.</p> <p>At site level, the facility manager, clinical nurse manager and infection 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 has completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through handwashing, and sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection control and staff are trained in cultural safety.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials</p>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the registered nurse and staff quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at registered nurse and staff quality meetings.</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Further discussion takes place at senior management level and is reported to the Board. Trends are identified both at site level and national level. Feedback occurs from national senior management level.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator (registered nurse) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions, are discussed at the registered nurse quality and staff quality meetings. Meeting minutes are available to staff. Ethnicity data is included in benchmarking of infection control data at facility and national level. Review of benchmarking data shows that Radius St Joans has had low infection rates compared to other Radius facilities.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents, as observed on the days of the audit.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed, and requirements if appropriate for isolation. There have been two Covid-19 outbreaks since last audit. These were well documented, managed and reported to Public Health. Outbreak meetings occurred regularly. Residents and family/whānau</p>

		<p>were updated regularly through the outbreaks.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Visitors to the facility are scanned for temperature monitoring and record keeping of all incoming and outgoing visits is maintained.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>The facility implements Radius waste management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, and housekeeper's room. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. There are sluice rooms with sanitisers and adequate supplies of PPE, including eye wear.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked room for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety training.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. All the laundry, resident's personal clothing, linen, towels, and mop heads are laundered on site. Visual inspection of the on-site laundry area demonstrated the</p>

		<p>implementation of a clean/dirty process. Residents' clothing is labelled, and personally delivered to their rooms by staff. Residents and family/whānau confirmed satisfaction with laundry services in interviews and in satisfaction surveys. Any concerns that arise are immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team. There were no construction, installation, or maintenance in progress at the time of the audit. Infection control internal audits are completed by the infection control coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. A registered nurse is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint elimination and implementation across the organisation. The organisational plan evidenced a Radius Care commitment to be restraint free. There is access to an advocate with involvement of the residents' family/whānau when restraint is assessed and reviewed for younger persons with disability.</p> <p>The reporting process to the governance body includes restraint data that is gathered and analysed monthly. A review of two files for the two hospital residents requiring restraint (bedrails) included assessment, consent, monitoring, and evaluation.</p> <p>The GP interviewed confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination. Regular</p>

		<p>training occurs. Review of restraint use is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually. This includes a competency assessment.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes, and when the restraint will end. The files reviewed evidenced assessment, monitoring, evaluation, and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff taking into consideration wairuatanga. Alternatives to restraint include low beds, and sensor mats. Documentation includes the restraint method approved, when it should be applied, frequency of monitoring, and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with Radius policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality, staff, and clinical meetings.</p> <p>All restraints are reviewed and evaluated as per Radius policy and requirements of the standard. Use of restraints is evaluated three-monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use, and the impact and outcomes achieved. Evaluations are discussed at the staff meetings. A procedure is in place for emergency use of restraint and debrief processes. There had been no emergency restraint implemented and incidents occurred related to</p>

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

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
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 St Joans had successful recruitment strategies to employ international qualified registered nurses (IQN). Radius St Joans could meet their immediate contractual obligations; however, the nurses and management identified that there was a knowledge gap with newly employed IQNs. Radius St Joans 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 comprehensive training 10-week programme was designed to address the shortfalls in the newly employed IQNs knowledge. The IQNs lack prior experience in aged care and were unfamiliar with the New Zealand healthcare system. The programme includes 40 hours of virtual training and 40 hours of completion of a workbook, including several reflection sessions on various topics. This led to several opportunities for continuous improvement, particular in the areas of cultural adaptation, cultural safety and cultural awareness, communication and developing of aged care specific skill set. Participants and the management team completed surveys prior to training to identify the challenges. Participants and management were again surveyed after completion of the training. Positive outcomes include: (a) improved communication within the clinical team as evidenced by statements from multidisciplinary team member including the GP; (b) increase in IQN confidence to

			<p>provide cultural safe care as evidence through their written feedback and reflective practice narratives; (c) improvement in their reporting and observation skills that led to early resident intervention when required and improved the quality of care of residents.</p> <p>The resident and family/whānau survey evidence an increase of the overall performance from 69% in 2022 to 87% in 2023, with an increase in satisfaction in communication (91%) and provision of healthcare services (91%).</p>
--	--	--	---

End of the report.