

Radius Residential Care Limited - Radius Hawthorne

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 Hawthorne

Services audited: Hospital services - Psychogeriatric services; 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: 11 July 2024 End date: 12 July 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: 81

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

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

General overview of the audit

Radius Hawthorne is owned and operated by Radius Residential Care Limited. The service provides hospital (medical and geriatric), rest home, psychogeriatric and residential disability (physical) levels of care for up to 94 residents. On the day of the audit there were 81 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 - Canterbury and Ministry of Disabled People- Whaikaha. 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. A consumer auditor participated in the interview process.

There was no change in management since the last audit. The service continues to upgrade the environment. The facility manager is a registered nurse and is suitably qualified and experienced in aged care, and 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 improving communication, and registered nurse 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 are fully attained.

Radius Hawthorne 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 Hawthorne provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service are fully attained.

The Board has overall responsibility for all decision making within Radius Care. 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, with health and safety documented as being everyone's responsibility. Staff incidents, hazards and risk information are collated at facility level, reported to the regional manager and a consolidated report and analysis of all Radius facilities are then provided to the Board each month.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

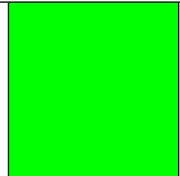
The activity programme is overseen by a diversional therapist. The activity team, and programme provides residents with a variety of individual and group activities and maintains their links with the community. The activities calendar has a range of activities that are appropriate to each resident's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

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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There is an annual maintenance plan that includes electrical compliance testing, call bell checks, calibration of medical equipment, hot water temperatures, and appropriate pest control management. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Bedrooms are all single, with most having dedicated ensuites or shared facilities. There are communal shower rooms and toilets with privacy locks. Resident rooms are personalised. The two psychogeriatric units are secure, with secure enclosed gardens.

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

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

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 are fully attained.

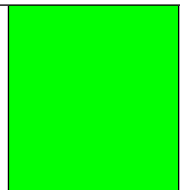
A suite of infection control policies and procedures are documented. There is a comprehensive pandemic plan. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by 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 are fully attained.
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Radius Care has a documented commitment to eliminate restraint in all their facilities. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit, Radius Hawthorne had two residents using restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. Staff receive appropriate training.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	2	178	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health strategic plan is documented for the service and based on He Korowhai Oranga: Maori Health Strategy 2014. 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 Hawthorne. The Radius Hawthorne 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.</p>

		Interviews with seventeen staff (five healthcare assistants [HCA], five registered nurses [RNs], one housekeeper/cleaner, two activities coordinator, one diversional therapist, one kitchen manager, one maintenance, one physiotherapy assistant) and three managers (facility manager, clinical nurse manager and regional 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 Ola Manuia Pacific Health Plan describes the commitment to appropriate care and is the basis of the Radius Pacific Care Plan, based on the fonofale model. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. The National Cultural Committee represent Pacific staff and residents and ensure they have a voice.</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 Hawthorne 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</p>	FA	Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical nurse manager or registered nurse discusses

<p>and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>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/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. 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 Hawthorne business and quality plan for 2024-2025 and the 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. Interviews with ten residents (two rest home, including one YPD; and eight hospital, including three YPD and twelve family/whānau (eight with a family/whānau member in the psychogeriatric [PG] units, three YPD (two hospital and one rest home) and one rest home) confirm that individual cultural beliefs and values, are respected.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	<p>FA</p>	<p>Healthcare assistants (HCA) and registered nurses (RN) interviewed described how they support residents to choose what they want to do. Residents interviewed (including young people with a disability) stated they have choice; they are treated with respect and they participate in decision making. 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</p>

<p>experiences.</p>		<p>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.</p> <p>The model of care for YPD is strength based and aligns with Enabling Good Lives. 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. Satisfaction surveys are completed annually to survey resident satisfaction in relation to upholding resident's spiritual and cultural needs.</p> <p>The facility manager confirmed that cultural diversity is embedded at Radius Hawthorne, 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>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Radius Hawthorne 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 and Radius pledge is discussed and signed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. Radius Māori Health Strategy includes strategies to abolishing institutional racism.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity, 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 five registered nurses and five healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The staff engagement survey for 2023 (sighted) evidenced positive comments related to 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</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission related to the type of services provided. Bimonthly resident meetings</p>

<p>that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. This is also documented in the progress notes. Twenty-four 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. Resident and family/whānau participation is encouraged through general feedback, case conference meetings, surveys and meetings. Regular newsletters and activity calendars are provided in large print format.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand Te Whatu Ora – Canterbury specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The clinical nurse manager and clinical team leader 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. The service is awarded a continuous improvement rating in relation to improving communication in relation to their palliative care project implementation.</p>
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<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Resuscitation management, resident representative, and 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, with these regularly reviewed. The service follows relevant best practice tikanga guidelines. This includes welcoming the involvement of family/whānau in decision making, when 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. 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, there is an activation letter and incapacity assessment on file. This was evident in all the files reviewed for residents in the psychogeriatric units.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC).</p> <p>Two complaints have been lodged in 2023, and seven 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</p>

		<p>corrective actions) in the staff, registered nurse and quality meetings (meeting minutes sighted). Higher risk complaints are managed with the support of the regional manager and national quality manager. One HDC complaint has been lodged in April 2023 and the service has responded and provided the required documentation within the required timeframe. There was no further correspondence received from HDC and the complaint remains open.</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 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 equitable complaints process. The facility manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Hawthorne is part of the Radius Residential Care group. The facility is certified to provide hospital (including medical), rest home, psychogeriatric and residential physical disability care for up to 94 residents, including 47 in the two psychogeriatric units (one unit has 20 beds, the other has 27 beds) and 47 in the hospital units.</p> <p>At the time of the audit, there were 81 residents at the facility: 31 at hospital level, including seven younger persons with disabilities (YPD). There were 14 at rest home level, including one YPD, and 36 psychogeriatric (PG) level residents in the two psychogeriatric units. The seven younger persons with physical disabilities were under the YPD contract funded by Ministry of Disabled persons-Whaikaha. All PG residents were under the Age-Related Residential Hospital</p>

	<p>Specialised Services (ARRHSS) contract. The remaining residents were on the age-related residential care (ARRC) contract. There were 15 dual purpose beds (hospital and rest home beds).</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 business plan for 2023 was reviewed quarterly and signed off. The 2024-2025 Radius Hawthorne business plan describes specific and measurable goals that were reviewed in March 2024. 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 antimicrobial usage reduction, decrease of skin and eye infections, and compliance of clinical documentation. 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 chairperson and four 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. The chief executive officer delegates responsibility for the operations to the 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</p>
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		<p>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 Hawthorne 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, and includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI's). These outcomes and corrective actions are discussed at the compliance and risk meeting, led by one of the Board members. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved.</p> <p>The facility manager is a registered nurse and has been with Radius since 2021 in the current role. They have over 25 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 and a half 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</p>	<p>FA</p>	<p>Radius Hawthorne 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,</p>

<p>outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>infections, skin integrity/tears, complaints, restraints).</p> <p>A range of monthly meetings (eg, staff quality meeting, registered nurse quality meeting 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 monitoring of progress on clinical indicators, such as improvement in number of participants completing annual surveys and progress on palliative care improvement project. The service is awarded a continuous improvement rating in relation to improving communication in relation to their palliative care project implementation (link CI 1.6.3).</p> <p>Cultural safety is embedded in the quality system. Tāngata whaikaha have meaningful representation through two-monthly resident meetings and six-monthly case conferences.</p> <p>An annual resident and family/whānau survey is conducted by an independent external company. The results of the 2023 resident and family/whānau satisfaction survey results have been compared with previous surveys. An overall satisfaction rate of 78% was reported, which was an improvement from previous results 64%. 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</p>
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		<p>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, registered nurses' and quality meetings. The health and safety officer was interviewed and confirmed they all received external training through WorkSafe for their role. Identifications of any hazards are completed and an up-to-date hazard register was reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff, quality and registered nurses' 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 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, clinical nurse manager and clinical team leader 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 low RN numbers (last reported in June 2023), a missing resident and related to behaviour.</p> <p>There have been three outbreaks since the previous audit (Covid-19) which were appropriately reported, managed, and staff debriefed.</p>
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<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>	<p>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Radius 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 Hawthorne have a full complement of registered nurses. There is 24/7 RN cover; with at least three RNs on each shift.</p> <p>Healthcare assistants reported staffing is adequate. The roster reviewed was fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The facility manager interviewed confirm call bell reports are regularly reviewed to ensure timely attendance to residents' needs.</p> <p>A total of 30 staff hold first aid certificates and include all registered nurses and the activities team. 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 team leader working a 4 on, 4 off shift pattern, that also cover weekend days. 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 - Canterbury and Nurse Maude hospice.</p> <p>Compulsory training also includes topics relevant to physical disability and young people with physical disabilities. Three family members of YPD residents expressed confidence in the ability and</p>
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	<p>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>Managing staff skill gaps is a goal in the business plan. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 52 healthcare assistants employed and 47 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>There are 33 HCAs who work across the two psychogeriatric units. Fifteen have completed the required training to meet ARHSS D17.11. Five HCAs are in the process of completing the training. There are 13 that have not completed the required training yet; noting that all commenced work within the last six months. There are eight RNs, including the clinical team leader allocated to work in the PG units, with no restriction on their scope of practice.</p> <p>An annual in-service programme is implemented, and all compulsory topics are included. 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].</p> <p>All healthcare assistants are required to complete competencies at orientation. Annual competencies include for restraint; moving and handling; hand hygiene; restraint; PPE use; and cultural. A selection of healthcare assistants completes annual medication administration competencies. A record of completion is maintained on an electronic</p>
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		<p>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 the opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals. Staff wellness is encouraged through participation in health and wellbeing activities and initiatives. Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are on an electronic human resources system. Ten staff files reviewed (five HCA, one DT, three RNs, one housekeeper/cleaner) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff have a three-monthly appraisal following their period of orientation, followed by annual performance appraisals. All performance appraisals were completed as per the appraisal schedule.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation 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</p>

		<p>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 uploaded to the electronic system and securely destroyed.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p>	FA	<p>An information booklet detailing entry criteria is provided to prospective residents and their family/whānau on enquiry. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</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 the reason</p>

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

	<p>Tapa Whā and reflects a person-centred model of care. The care plans identify key assessed risks, including medical risks and are reflective of interRAI assessments. The YPD residents interviewed stated they are involved in planning their care and own goals. The YPD families interviewed, with the involvement of the consumer auditor, stated they feel informed about the care their relative receives.</p> <p>Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others form the basis of the long-term care plans. The service supports Māori and family/whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. There are two contracted GPs from the same medical practice. The GP's provides medical support to the facility, including after-hours support when required. The GP visits once a week and as required. The GP (interviewed) was complimentary of the care, communication, and the quality of the service provided. The GP stated the information was consistent and RNs were using the 'introduction, situation, background, assessment and recommendation (ISBAR) communication tool. The GP has remote access to the electronic medication system.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, and wound care nurse specialist is available as required through the local Health New Zealand - Canterbury service. The hospice nurse from Nurse Maude visited on the day of audit and was very positive about the service provided by Radius Hawthorne care staff. The physiotherapist visits the facility for four to five hours a week and is supported by a full-time physiotherapy assistant.</p> <p>Healthcare assistants and the RNs interviewed could describe a</p>
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	<p>verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Healthcare assistants complete task lists that reflect within the progress notes on every shift. When changes occur with the resident's health, these are reflected in the electronic progress notes to provide an evolving picture of the resident's journey. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home residents. There is regular documented input from the GP and allied health professionals. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>There were 26 wounds across the service, including dermatitis, skin tears, abrasions, ulcers and a surgical wound. Assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurs as planned in the sample of wounds reviewed. There has been education sessions held around wound care and pressure injury prevention and management.</p> <p>Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; intentional rounding; blood sugar levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries describe the behaviour and interventions to</p>
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		<p>de-escalate behaviours, including re-direction and activities. Monitoring charts had been completed as scheduled. A post fall concussion checklist is completed as per policy, once per shift for 24 to 72 hours for all residents who had an unwitnessed fall and is unable to say if they have hit their head or not, or has an obvious or suspected head injury, including bruises and lacerations.</p> <p>There is a written and verbal handover between shifts to ensure continuity of care. Evaluations are scheduled and completed at the time of the interRAI re-assessment. Evaluations document the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans have been updated following the six-monthly multidisciplinary (MDT) meeting and to reflect the interRAI reassessment, or sooner when changes have occurred. Family/whānau are invited to attend the care plan review meeting.</p> <p>Short-term issues such as infections, weight loss, and wounds are addressed in an electronic short-term care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The residents' activities programme is implemented by a team of staff, including a full-time qualified diversional therapist, activities coordinators and a physio assistant who provides exercises and assists with all aspects of the activities programme. The team works Monday to Friday and provide activity resource boxes for HCAs to use in the weekends.</p> <p>Activities are held in each area with opportunities provided for the residents to join in activities with other wings. There are a wide range of activity resources available for HCAs to access for residents. The activities programme is displayed on noticeboard in the communal areas and a copy given to rest home and hospital residents and emailed to families. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the activities staff occur regularly. One on one visits are also provided for residents in the psychogeriatric wing when a resident is unsettled. Specific activities in the psychogeriatric wing include making sandwiches, doll therapy, music therapy,</p>

	<p>cooking and other household activities. An outing is organised weekly and regular visits from community visitors occur. Catholic communion church services are held weekly, and multi denominational services are provided three times a month. All residents are welcomed at all services.</p> <p>Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. The team explained how they incorporate te reo Māori into aspects of the activities programme. The physio assistant counts in English, Māori and Samoan when undertaking exercise classes. The physio assistant has a range of cultural artifacts which have been shared with residents during cultural activities. There have been activities making and using raku sticks, enjoying a hangi together, and visits by kapa haka group. A review of recent special events includes Matariki, Anzac Day and easter celebrations. On the day of audit, residents were observed enjoying a karaoke session.</p> <p>The residents' activities assessments are completed by the diversional therapist in conjunction with the RN on admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment and resident profile (about me and life history) which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans, and are part of the formal six-monthly multidisciplinary review process.</p> <p>Younger people are supported to attend a community group project aimed at assisting disabled people to live a full and happy life. They also work closely with the physiotherapy assistant, who assists them to improve their mobility and physical strength. Other YPD specific activities include shopping trips, cooking, supporting them to do their own washing, and specific outings planned with their input. The younger residents join in the activities if they are capable of doing so and were observed participating in the lounge on the day of audit. Young residents are supported to maintain links with the community, access the internet and supported to communicate with their family.</p>
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		<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, including karaoke and exercises. Regular resident meetings are held bimonthly and include discussion around activities.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities have been recorded on the electronic medication chart, and all medication charts have current photo identification.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications were appropriately stored in medication trolleys and in the four nurses' stations. All medications are checked on delivery against the prescription and signed on the pack and electronic medication management system. Any discrepancies are fed back to the supplying pharmacy.</p> <p>Service providers ensure competent health care and support workers to manage medication, including receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy. Staff who administer medications have been assessed for competency on annual basis. Education around safe medication administration has been provided.</p> <p>The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies</p>

		<p>and procedures. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies are evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical nurse manager or RNs. Medication information for residents and family/whānau can be accessed online as needed.</p> <p>There were two residents self-administering medication on the day of the audit. Each resident had a self-medication competency signed three-monthly by the GP and safe storage in their rooms. The service adhered to documented procedures around safe self-administration. There are no vaccines stored on site, and no standing orders are used.</p> <p>The medication policy describes the use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interview with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau. The RNs support residents to access medications in a timely manner. Māori are supported to access advice, and cultural healing methodologies.</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 Hawthorne are provided by an external catering company. All food and baking are prepared on site. The external catering company employs all kitchen staff.</p> <p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the kitchen manager interviewed confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding</p>

	<p>nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan. Menu options for Māori included (but were not limited to) fried bread, Māori steamed puddings, Hangi meals, Māori bread, and many more.</p> <p>Meals are plated in the kitchen and placed in hotboxes and served to residents directly in each of the four dining rooms. Food is plated and transported in hotboxes to residents who choose to have meals in their room.</p> <p>The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. The food control plan is current. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The kitchen manager (interviewed) is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer is electronically monitored through an electronic platform. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview, the kitchen manager confirmed they had a good understanding and was familiar with the concepts of tapu and noa. The kitchen manager discussed occasions where the service has provided culturally appropriate meal services and plans to provide cultural appropriate food for Matariki celebrations, and kitchen staff providing a hangi for the occasion. Snacks are available all day and special utensils are available to use. The lunch meal in the psychogeriatric units were observed, meals were of appropriate temperature and sufficient numbers of staff were sighted assisting residents with meals.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings (family/whānau invited) and in the</p>
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		residents' six-monthly food survey. Residents and family/whānau interviewed stated that they were satisfied with the meals provided.
<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, and the facility utilise the yellow envelope Health New Zealand – Canterbury transfer documentation system to ensure consistency of transfer processes.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of</p>	FA	<p>There is a building warrant of fitness certificate that expires on 1 January 2025. The environment is inclusive of peoples' cultures and supports cultural practices. There is a full-time experienced maintenance person who is well qualified for the role. The maintenance person is responsible for implementing the annual organisational maintenance programme. Maintenance requests are logged through the electronic system and followed up in a timely manner. An annual maintenance plan includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures and</p>

<p>belonging, independence, interaction, and function.</p>	<p>appropriate pest control management is in place. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available as required. Checking and calibration of medical equipment, hoists and scales is completed annually. HCAs and RNs interviewed stated they have adequate equipment to safely deliver care for rest home, hospital and psychogeriatric level of care residents.</p> <p>All outdoor areas well maintained and are accessible and safe for resident use. Seating and shade are provided.</p> <p>The two psychogeriatric units (one with 20 beds and one with 27 beds) are secure, and each has an attractive secure garden with safe pathways. The units allow maximum freedom of movement and promoting the safety of residents who are likely to wander and/or exhibit aggressive behaviour(s).</p> <p>All bedrooms and communal areas have sufficient natural light and ventilation. There is electric panel heating and heat pumps throughout the facility. On the days of audit, the facility was of a comfortable temperature.</p> <p>All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas. Healthcare assistants confirmed they could move freely to provide cares and there is enough space to move mobility equipment safely. Doorways into residents' rooms and communal areas are wide enough for wheelchair and power wheelchairs access.</p> <p>Residents' bedrooms throughout the facility have resident's own personal belongings displayed.</p> <p>There are 47 beds across Sumner, Tekapo and Wanaka wing, with 15 dual purposes placed across the three units. The YPD residents are placed throughout the three wings and have access to their own lounge and inhouse gym.</p> <p>The Sumner and Tekapo wings have full ensuites in all bedrooms. The Wanaka wing and the Brunner (psychogeriatric unit) has communal toilets and bathrooms. The Victoria psychogeriatric unit</p>
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		<p>has a mix of ensuites and communal toilets and bathrooms. There are adequate numbers of communal toilets and showers for residents and separate toilets for staff and visitors. Toilets and showers have privacy locks in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. Flooring throughout is appropriate for ease of cleaning.</p> <p>There are lounges in each of the five wings and smaller lounges throughout the facility available for quiet areas and family visiting. The lounges are spacious and able to accommodate equipment and provide appropriate areas for dining, relaxation, and activities.</p> <p>There are no plans for building or major refurbishments. If this is planned in the future, the facility manager and organisation are aware of their obligation to seek advice from Māori. This would be coordinated from head office staff.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. 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 (31 August 2010). A recent fire evacuation drill has been completed and this is repeated every six months (last 13 February 2024). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is a back-up generator available with Radius head office support and gas cooking. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is</p>

		<p>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 is audible and are displayed on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells near to them. They can choose to wear a call bell pendant. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. Entrance to the secure psychogeriatric units is by keypad entry. All external doors are checked by afternoon and nights staff as part of regular security checks. Visitors complete a screening process that includes a health and safety declaration, symptoms of infection, and body temperature is measured at entry. There are closed circuit television cameras in the hallways of the PG units to assist with security. CCTV signage is displayed and family/whānau are informed at entry to the service.</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. 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 national quality manager, Public Health, and Health New Zealand - Canterbury, who can supply Radius with infection control resources.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the Radius Board. The clinical team report pandemic analysis weekly to the regional manager, whose report is available to the CEO/Board. Outbreak of other infectious diseases is reported if and when they occur. Monthly compliance and risk reports are completed for all facilities by the compliance and risk manager for</p>

		<p>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 quality manager, the regional manager, 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-Canterbury when required. Overall effectiveness of 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 Hawthorne. The infection control coordinator is responsible for implementing the infection control programme, liaises with management and staff who meet monthly as part of the quality meeting, staff and RNs meeting and as required.</p> <p>Infection control reports are discussed at the quality meetings and staff 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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and is linked to the quality and business plan. The infection control programme is reviewed annually for Radius Hawthorne.</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-</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>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. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Radius has an organisational pandemic response plan in place which is reviewed and tested at regular intervals. The infection control coordinator has input when infection control policies and procedures are reviewed.</p> <p>The infection control coordinator completed infection control training and 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 with collaboration and support from the regional managers. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through handwashing, sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori are accessible and available. All residents are included</p>
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		and participate in infection control and staff are trained in cultural safety.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the 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, staff and quality meetings.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level and the national quality manager provide a benchmarking report for AMS. 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>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator (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, staff and 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 Hawthorne has higher</p>

		<p>infection rates compared to other Radius facilities. The service is implementing an improvement plan to reduce infections.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation. There have been three Covid-19 outbreaks since last audit. These were well documented, managed and reported to Public Health. Outbreak meetings occurred regularly. Residents and family/whānau 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>	<p>FA</p>	<p>The facility implements Radius waste management policies that conform to legislative, local council requirements and a goal towards sustainability. 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. Resident's personal clothing, linen, and towels are laundered off site. Dirty laundry is picked up daily during weekdays, with daily deliveries of clean linen. Staff interviewed confirm there is enough linen available over weekends. Residents' woollen items and mop heads are laundered on site. Visual inspection of the on-site laundry area demonstrated the 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. Any concerns that arise are immediately addressed. The facility manager stated to have regular meetings with the laundry manager.</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>FA</p>	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The restraint coordinator is the clinical team leader (supported by the clinical nurse manager), who provides support and oversight for restraint management in the facility. The restraint coordinator, RNs, HCAs, and clinical nurse manager interviewed are</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation. The organisational documents evidence a Radius Care commitment to maintain a restraint-free environment.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>When restraint is considered, Radius Hawthorne works in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, there were two residents (YPD) using bed rail and lap belt restraints. The restraint approval process includes the resident (where appropriate), EPOA, restraint coordinator, GP and cultural advisor (if required) and support person/resident advocate. 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 minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings. The two residents using restraint at Hawthorne contribute to restraint oversight discussions.</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>FA</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. The files reviewed evidenced assessment, monitoring, evaluation, and GP involvement.</p>

<p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>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 restraint use.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints. Restraint use is benchmarked.</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. There were no incidents reported related to restraint 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>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.6.3</p> <p>My service provider shall practise open communication with me.</p>	CI	<p>The facility manager and clinical nurse manager identified a gap in new registered nurses from overseas working in New Zealand who face unique challenges in palliative care. The challenge impacted communication within the team but also with the family/whānau during palliative care.</p> <p>There was collaboration with the care team, national quality manager and clinical nurse specialist to understand how service delivery can be improved to ensure an improved resident and family/whānau experience. The service actively participates with the clinical nurse specialist by improving the palliative care pathway within the clinical setting to ensure RNs are well equipped to deliver quality palliative care. The initiative is based around improving and developing skills, with emphasis on end-of-life communication to meet physical, emotional, psychosocial, spiritual and</p>	<p>A quality improvement plan was developed, and discussed at various meetings, including staff, quality and RN. All care staff completed training in palliative care. The quality improvement plan was regularly reviewed against the goals.</p> <p>The palliative clinical nurse specialist supported the service to discuss expectations with families/whānau, assist with anticipatory prescribing, and assist with the grieving/debrief process. A three-session staff training was completed. Regular meetings between the care staff and with the clinical nurse specialist built capacity and capability for staff to feel comfortable and confident in the care they provide, and for RNs to facilitate challenging discussions around end-of-life care and responding when a person raises assisted dying.</p> <p>The review of documentation, interviews with RNs, and input and support from the polytechnic nursing</p>

		cultural needs.	<p>lecturer and palliative nurse specialist evidenced improvement on communication strategies with family/whānau and the hospice. Identification of residents on palliative care was improved and now occurs earlier so that the required care can be provided at the right time and place. A booklet and several resources were developed for family/whānau to understand the palliative pathway, and this described the care required to meet the resident's individual goals and needs, according to the phases and progression of the illness.</p> <p>The family/whānau and resident's wishes are regularly discussed and incorporated into the care plan. As a result, there is an established collaborative relationship between the care team, hospice, and family/whānau. The email of feedback from families that lived through the experience was overall positive. An interview with the palliative nurse specialist at the time of the audit verified the treatment pathway and communication to be successful and residents' quality of life optimised until death. The polytechnic lecturer interviewed stated they (including undergraduate trainees that completed their clinical placements at Radius Hawthorne) were witness to positive family /whānau experiences around end-of-life care. The palliative care pathway is embedded into practice and RNs stated overall communication has improved with pre programme clinical knowledge (understanding palliative care, skills to deliver palliative care, general knowledge) improved from 60% to 80%. Pre programme communication improved from 70%-90%.</p>
Criterion 2.3.5 Service providers shall assist	CI	Due to the Covid-19 pandemic and the national workforce shortage, particularly amongst RNs, Radius Hawthorne has had to put successful	The comprehensive 10-week training programme was designed to address the shortfalls in the newly employed IQNs knowledge. The IQNs lack prior

<p>with training and support for people and service providers to maximise people and whānau receiving services participation in the service.</p>		<p>recruitment strategies in place to employ seven international qualified registered nurses (IQN). Radius Hawthorne could meet their immediate contractual obligations; however, the nurses and management identified that there was a knowledge gap with newly employed IQNs. Radius Hawthorne implemented the newly developed Radius Unleash EPEC (exceptional people exceptional care) training led by Radius quality manager and Radius education manager for their new RNs.</p>	<p>experience in aged care and were unfamiliar with the New Zealand healthcare system. The programme includes 40 hours of virtual training and 40 hours of completion of a workbook, including several reflection sessions on various topics. This led to several opportunities for continuous improvement, particular in the areas of cultural adaptation, cultural safety and cultural awareness, communication and developing of aged care specific skill set. Participants and the management team completed surveys prior to training, to identify the challenges. Participants and management were again surveyed after completion of the training. Positive outcomes include: (a) improved communication within the clinical team, as evidenced by statements from multidisciplinary team members including the GP, polytechnic lecturer (interviewed) and Nurse Maude clinical nurse specialist (interviewed); (b) increase in IQN confidence to provide cultural safe care, as evidenced 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 64% in 2022, to 78% in 2023, with an increase in satisfaction in communication (89%), provision of healthcare services (89%), spiritual and cultural support (88%).</p>
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End of the report.