

Radius Residential Care Limited - Althorp

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: Althorp

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

Dates of audit: Start date: 1 August 2024 End date: 2 August 2024

Proposed changes to current services (if any): A reconfiguration of bed numbers was applied for (letter dated 27 September 2023) to reconfigure two previous whānau rooms in the psychogeriatric unit to two single bedrooms increasing the total bed numbers from 117 to 119.

Total beds occupied across all premises included in the audit on the first day of the audit: 111

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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Radius Residential Care Limited - Althorp is owned and operated by Radius Residential Care Limited. The service provides psychogeriatric hospital, rest home and dementia levels of care for up to 119 residents. On the day of the audit there were 111 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 – Bay of Plenty. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The facility manager is nonclinical with experience in aged care. The facility manager is supported by two clinical nurse managers and a team leader and office manager. These roles are supported by the Radius regional manager and a national quality manager.

This audit has identified the service meets the Ngā Paerewa Health and Disability Services Standard. Althorp has been awarded two continuous improvements for services for cultural care and palliative care training.

Ō tātou motika | Our rights

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



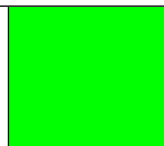
Subsections applicable to this service fully attained.

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational and clinical objectives. The service has documented quality and risk management systems that take a risk-based approach. Internal audits and meetings were documented as taking place as per schedule, with corrective actions resolved in a timely manner. A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff

incidents, hazards and risk information is collated at facility level, and reported to the regional manager, with documentation of data put into a consolidated trend report across all Radius facilities. The data is presented to the Board each month.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats as required. Registered nurses and an enrolled nurse assess residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Handovers between shifts guide continuity of care and teamwork is encouraged.


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

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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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 and both dementia 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. There is always a staff member on duty with a current first aid certificate. Appropriate security measures are implemented.

The building holds a current building warrant of fitness certificate.

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

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

Subsections applicable to this service fully attained.

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

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

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

There are documented processes for the management of waste and hazardous substances in place. There are dedicated cleaning staff and laundry is outsourced. Documented policies and procedures for the cleaning and monitoring of outsourcing of laundry are implemented.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	2	166	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori. Radius Residential Care Limited – Althorp (Althorp) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. Resident's care plan include a Māori health care plan based on Te Whare Tapa Whā. Records for residents identifying as Māori were reviewed and these confirmed that a Māori health care plan has been completed. There are wide variety of links established with local iwi, and there is a staff advocate on site who led the powhiri for the auditors with the Kaumatua from the community.</p> <p>The Radius strategic plan and Māori Health Strategy support strategies to increase Māori capacity by employing and recruiting Māori staff at the service. The Althorp business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identified as Māori, who can communicate in te reo Māori. Staff have completed modules in an electronic training programme relating to cultural safety and Te Tiriti o Waitangi.</p>

		<p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Interviews with 27 staff members (eight healthcare assistants [HCA], six registered nurses [RNs], one enrolled nurse, two clinical nurse managers, three housekeepers, one maintenance person, three activities coordinators, one chef manager, one administrative person, one diversional therapist), four managers (facility manager, regional manager, national quality manager and the office manager), and documentation reviewed identified that the service acknowledges and respects residents individual cultures and preferences. The service has been awarded a continuous improvement for improving cultural awareness.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Radius Pacific Health Plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit. The facility manager confirmed that the residents' family/whānau would be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service, and recognition of cultural needs.</p> <p>Althorp partners with their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are accessible in a range of Pacific languages.</p> <p>There are currently staff employed that identify as Pasifika. The facility manager described how Radius increases the capacity and capability of the Pacific workforce, as described in the business plan. Staff have completed introductory training on Pacific models of health.</p> <p>Ethnicity data is captured on the electronic resident management</p>

		system.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical nurse manager or registered nurse discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, te reo Māori and Pasifika languages.</p> <p>Discussions relating to the Code are held at resident meetings. Families are invited to attend. Residents interviewed (four including three hospital level of care and one resident rest home level of care), and nine family/whānau of residents; (four hospital level care, four psychogeriatric level care and one dementia level care) were interviewed. All reported that the service is upholding the residents' rights and confirmed that individual cultural beliefs and values are respected. 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. The service recognises Māori mana motuhake, which reflects in the Althorp business and quality plan for 2024-2025 and Radius Māori health Strategy.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a</p>	FA	<p>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents have control over their choice and personal matters, including choice over activities they participate in and who they socialise with. Residents interviewed stated they have choice, and staff encouragement to support them to be as independent as possible.</p>

<p>way that is inclusive and respects their identity and their experiences.</p>		<p>Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. It was observed that residents are treated with dignity, respect and spoken to in a courteous manner.</p> <p>The Radius annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>A sexuality and intimacy policy is in place, with training as part of the education schedule. Care staff have completed the sexuality, intimacy and spirituality training online as part of the Radius training plan. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>The facility manager confirmed that cultural diversity is embedded at Althorp, and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged to learn te reo Māori and they are supported to use the correct pronunciation. Te reo resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care, and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>The organisational abuse and neglect policy is being implemented. Policies are in place around institutional racism, discrimination,</p>

<p>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>coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The Radius Māori Health Strategy includes strategies to abolish institutional racism. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police vetting is completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information in relation to the services provided, is provided to residents and family/whānau on admission. Resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accidents/incidents, complaints, and an open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. This is also documented in the progress notes. Fifteen accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through</p>

		<p>interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. In the 2023 satisfaction survey, 92% stated the manager is approachable and 82% feel well informed.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the residents, such as Hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team, and residents and family/whānau provide consent and are communicated with regarding services involved. The clinical nurse manager and RNs interviewed described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. The electronic register captured compliments from family/whānau which evidenced effective communication. Staff have received training on communication in the workplace.</p> <p>Residents and family/whānau interviewed confirmed they know what is happening within the facility and felt informed regarding events/changes through regular communication and newsletters. Resident meetings are held two monthly, with family/whānau also able to attend. Residents interviewed, confirmed that they find the meetings useful to put forward ideas to improve services.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access</p>	<p>FA</p>	<p>Policies including resuscitation management, resident representative, and enduring power of attorney (EPOA) guide staff around informed consent processes. The resident files reviewed included signed general consent forms. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they</p>

<p>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>had the right to choose.</p> <p>There were appropriately signed resuscitation plans and advance directives in place in all resident records reviewed, with these updated annually. The advanced plans in place also talk about options for hospitalisation in case of deterioration in condition. The service follows relevant best practice tikanga guidelines and welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. An informed consent audit completed in June 2024 evidenced full compliance and resuscitation orders are completed and reviewed as per the resuscitation management policy.</p> <p>Admission agreements had been signed, stored electronically and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter and incapacity assessment were on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains an electronic record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC).</p> <p>There were three complaints made 2024. One complaint referred by the Health and Disability Commission advocacy service has been resolved following a family meeting. One complaint has been received from Health and Disability Commission (HDC) all documentation has been provided as requested and this complaint remains open. There is also an outstanding HDC complaint from 2019 awaiting response from the commissioner. There were no issues identified in this audit in relation to the complaints.</p> <p>Discussions with residents and family/whānau confirmed they are</p>

		<p>provided with information on complaints and complaints forms are available at the entrance to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. A suggestion box is available for residents or family/whānau, with this emptied at regular intervals by the facility manager. Resident meetings provide opportunities for concerns to be raised. Family/whānau interviewed confirmed that the managers and RNs are available to listen to concerns and they stated that if issues are raised, the manager acts promptly to address these. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints process. The complaints management procedure ensures Māori residents are supported to ensure an equitable complaints process. The facility manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication and stated that this would be encouraged for any complainant, but particularly for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Residential Care Limited – Althorp has a total of 119 beds and is certified for; Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); and Dementia care.</p> <p>The service has increased the number of beds since the last audit from 117 to 119 with two previous whānau rooms now bedrooms in the two psychogeriatric units. There are now 57 dual purpose beds, 30 dementia level beds and 32 psychogeriatric beds.</p> <p>At the time of the audit there were 111 beds occupied. This included six rest home level care residents, 47 residents at hospital level of care, including one resident on a younger person with a disability (YPD) contract (who was in hospital at the time of audit), two under the palliative care contract and one respite. There were 28 residents in the dementia units and 30 in the psychogeriatric units.</p> <p>Radius strategies describe the vision, values, and objectives of</p>

	<p>Radius aged care facilities. The overarching Radius Care strategic plan 2023-2028 has clear business goals to support their philosophy 'Caring is our calling'. The 2023-2024 Althorp business plan describes specific and measurable goals that are regularly reviewed and updated. These site-specific goals relate to business and services; leadership and management; financial leadership and management; risk management and marketing; advertising, and promotion; and clinical quality goals related to safe medication management; compliance of clinical documentation; infection control and antimicrobial stewardship; and continuation of the restraint-free environment. Goals are regularly reviewed, as evidenced in monthly reporting. The service organisation philosophy and strategic plan reflect a person/family centred approach.</p> <p>The regional manager interviewed confirmed there were no changes to the governance structure. The Governance Board consists of the Radius managing director/executive chairman and four professional directors, each with their own areas of expertise. A Māori health strategy is actioned at Board level. There is a Māori cultural advisor to the Board to advise on any issues requiring cultural oversight and direction. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, as documented in the strategic plan.</p> <p>The chief executive officer (CEO) is responsible for the overall leadership of the management team. As part of the CEO's role, responsibility for the operations lies with senior management team of Radius Residential Care. The weekly and monthly reporting structure informs the CEO and Board of operations across the organisation. Ethnicity data is captured electronically at facility level and a three-monthly report is generated for the National Cultural Committee to review. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity and outcomes for all residents.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and</p>
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		<p>addresses barriers to equitable service delivery. The working practices at Althorp are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for whānau are provided through general feedback to participate in the planning and implementation of service delivery. There is a National Cultural committee that meets three-monthly to consider how decisions best reflect a cultural response to strengthen Māori influence.</p> <p>Clinical governance is overseen by the organisation's national quality manager and the risk and compliance manager, 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 has been in the role since 2022 and is an experienced facility manager. The facility manager is supported by a regional manager, the Radius national quality manager, and two clinical nurse managers, who are experienced in aged care, and a clinical team leader. The facility manager and the clinical nurse managers have completed other professional development activities in excess of eight hours annually related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide</p>	<p>FA</p>	<p>Althorp is implementing the Radius quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data e.g., falls, medication errors, infections, skin integrity/tears, complaints, and restraints.</p> <p>A range of monthly meetings (staff/quality, RN/restraint, health and safety, falls prevention, heads of department, infection control) provide an avenue for discussions in relation to quality data; health</p>

<p>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>and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Meetings have been held as per schedule (or close to) with data tabled. Corrective actions were resolved in a timely manner. Quality data and trends in data are posted on a quality noticeboard in the staff room. Quality data is documented in the monthly meetings, and there is evidence of discussion of data and improvements made. Benchmarking against other Radius facilities is communicated through the monthly report tabled for the Board by the national quality manager. Feedback through resident meetings and complaints management provides an avenue for critical analysis of work practices to ensure health equity.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. Cultural safety is embedded in the quality system. Tāngata whaikaha have meaningful representation through resident meetings and six-monthly care conferences. Ethnicity data is linked to benchmarking data.</p> <p>The results of the 2023 resident and family/whānau satisfaction survey results have been compared with previous surveys and corrective action plans developed for any areas of low satisfaction. The resident and family/whānau satisfaction survey showed positive results. The residents, family/whānau and staff received the results.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the national quality manager. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety team, led by the health and safety representative, meets monthly. The health and safety representatives have completed external health and safety training. One health and safety representative interviewed confirmed knowledge of the role as per the job description. The facility manager monitors staff incidents on a weekly and monthly basis and incidents are discussed at the relevant monthly meetings. Staff</p>
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		<p>incidents, hazards and risk information is collated at facility level and then reported through the support office to the operations management team and then to the Board. The health and safety policy is reviewed annually by the national health and safety committee. Hazard identification forms and an up-to-date hazard register confirmed that these were reviewed monthly at the health and safety meetings.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. The electronic resident management system escalates alerts to the Radius senior team members depending on the risk level. Results are discussed in meetings and at handover. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with RNs and HCAs.</p> <p>Discussions with the facility manager confirmed their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been requirements to complete numerous Section 31 notifications to notify HealthCERT since the last audit related to; behaviours that challenge, pressure injuries, unexpected death, place of safety, residents leaving the facility, and outbreaks.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is an acuity and clinical staffing ratio policy in place. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Sufficient staff are rostered on to manage the care requirements of the residents. The facility manager and clinical managers work full time and jointly cover on-call responsibilities. Registered nurses have sufficient time available to complete interRAI assessments and care planning evaluations within contractual timeframes. The facility is meeting the ARRC contract requirements with RNs in each of the psychogeriatric, hospital and rest home units on duty 24/7. There is an RN for the AM and PM for the dementia units with one RN over both units overnight. Interviews with residents and family/whānau identify that staffing is adequate to meet the needs of residents. Additional staff are rostered when resident acuity is high.</p>

	<p>The activities team provide a programme for weekdays and weekends. The dementia and psychogeriatric units have 24/7 activities plans to enable diversion at all times.</p> <p>All RNs, the activities staff and maintenance person hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The roster reviewed for the last three weeks was fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The facility manager interviewed confirmed call bell reports are regularly reviewed to ensure timely attendance to residents' needs, with monthly call bell audits confirming that these are answered in a timely manner.</p> <p>The facility manager and the clinical nurse manager work full-time (Monday to Friday). The RNs on shift manage most of the queries and staffing cover, with the clinical nurse manager and facility manager providing support out of hours.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. RNs and HCAs are required to complete annual training and competencies, including restraint; moving and handling; hand hygiene; and use of personal protective equipment. A selection of HCAs have completed medication administration competencies and 'second checker' competencies.</p> <p>The training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. All RNs have attended in-service training which included medical conditions specific to the current residents. Two RNs, including the clinical nurse manager, are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including infection prevention and control, and dementia and delirium.</p> <p>External training opportunities for care staff include training through Hospice. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they</p>
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		<p>are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning about and addressing inequities. There is a comprehensive training planner that has been well implemented. Online training is completed by staff, with monitoring of completion by the managers. The education and training schedule includes compulsory training, such as cultural awareness; Te Tiriti o Waitangi; ethnicity data gathering; the Code of Rights; abuse and neglect; infection prevention and control; management of challenging behaviour; and clinical topics. There are also education subjects pertinent to the resident population including food texture, pressure injury prevention, enteral feeds, scabies, and urinary tract infections (as examples). The service has been awarded a continuous improvement around palliative care training.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-four have completed a New Zealand Qualifications Authority level four certificate; eight have a level three certificate, the remainder are enrolled. Radius supports all employees to transition through the NZQA Certificate in Health and Wellbeing.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with the opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals. Staff wellness is encouraged through participation in health and wellbeing activities and initiatives. Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers and workplace initiatives are encouraged.</p>
<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>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. Eleven staff files reviewed evidenced implementation of the recruitment process, employment contracts, and completed orientation. There are job</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. 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>descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. Staff have a three-monthly appraisal following their period of orientation, followed by annual performance appraisals. All performance appraisals were completed as per the appraisal schedule.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and healthcare assistants to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The clinical records policy is being implemented. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Radius business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hard copy documents are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy</p>

		<p>officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>An information pack detailing entry criteria is provided to prospective residents, which includes information about what to expect at rest home, hospital, end of life and dementia 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 documentation of reason in internal files. The resident would be declined entry if not within the scope of the service or if a bed were not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service to determine the level of care required.</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 two clinical nurse managers and one clinical team leader described having access to Māori service providers through Health New Zealand – Bay of Plenty. 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>Eleven electronic resident files were reviewed: two rest home level, four hospital level (including one on respite care and one on palliative care), three residents receiving specialised hospital dementia care (psychogeriatric) and two receiving dementia level of care. Registered nurses and an enrolled nurse 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 a respite and palliative care contract. 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, align with Te Whare Tapa Whā and reflect a person-centred model of care. The care plans identify key assessed risks, including medical risks and are reflective of interRAI assessments. Residents in the dementia unit have 24-hour behaviour support plans in place with appropriate activities, de-escalation to support close to normal routine. Registered nurses utilise the Te Ara Whakapiri guidelines for residents on palliative care. The palliative care pathway is embedded into practice and RNs stated overall communication and cultural awareness has improved.</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) or</p>
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	<p>nurse practitioner (GP) within five working days of admission. The GP or NP reviews the residents at least three-monthly or earlier if required. There are two contracted GPs and one NP. The GPs cover Tuesday and Wednesday with a virtual clinic on Friday. The NP visits Thursday. On call after hours are from 5pm till 9pm then they call the ambulance if 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 GPs and NP have 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 Health New Zealand -Bay of Plenty service. The service has support from clinical nurse specialists from Waipuna hospice. The physiotherapist visits the facility three days a week.</p> <p>Healthcare assistants, the RNs and an enrolled nurse interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Healthcare assistants complete task lists that reflect within the progress notes on every shift. When changes occur with the residents` health these are reflected in the electronic progress notes to provide an evolving picture of the resident` journey. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home residents. There is regular documented input from the GP or NP 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 or NP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health including infections, accidents/incidents, GP or NP visits, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>The wound register reviewed evidenced there were 59 wounds across the service including skin lesions, skin tears, abrasions, other skin</p>
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	<p>conditions, and a surgical wound. There were six pressure injuries documented (two stage two, two stage three and two suspected deep tissue); these were appropriately notified. 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 have been education sessions held around wound care and pressure injury prevention and management. Pressure injuries are referred to a wound nurse specialist for advice on dressings, the wounds are dressed by the RNs with regular review from the wound nurse specialists.</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 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 are unable to say if they have hit their head or not or have 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 documented the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans have been updated following the six monthly multidisciplinary (MDT)</p>
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		<p>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 and three activities coordinators who provide exercises and assists with all aspects of the activities programme. The team works Monday to Friday till 4.30 pm and provide activity resource boxes for HCAs to use in the weekends. Family/whānau interviewed stated the weekend activities programme is satisfactory.</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.</p> <p>One on one visits are also provided for residents in the psychogeriatric units and dementia units when they are unsettled. Specific activities in the psychogeriatric units and dementia units include sensory and reminiscing activities like baking, music therapy, other household activities.</p> <p>Outings are organised weekly and regular visits from community visitors occur. Catholic, Anglican and Presbyterian church services are held weekly, and multi denominational services are provided regularly. 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</p>

		<p>incorporate te reo Māori into aspects of the activities programme. On the day of audit, residents were observed enjoying ukulele entertainers.</p> <p>The residents' activities assessments are completed by the diversional therapist in conjunction with the RN on admission to the facility, and within 21 days. 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>The residents and their family/whānau reported satisfaction with the activities provided. Regular resident meetings are held bi-monthly and include discussion around activities.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Twenty-two medication files were reviewed for this audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities are documented on the electronic medication chart.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy.</p> <p>The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications are stored securely in accordance with requirements. The</p>

		<p>staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The registered nurses and enrolled nurse oversee the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical nurse manager or registered nurses. Medication information for residents and whānau can be accessed online as needed.</p> <p>There were no residents self-administering medication on the day of the audit; however, there are policies documented to guide staff around this process. Staff administering medications were knowledgeable of the process and the secure storage of medications. No vaccines are stored on site, and no standing orders are used.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interview with RNs and enrolled nurse confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</p>
<p>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>The food services are contracted to an external catering company and all food preparation and baking are prepared on site. 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 at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional</p>

		<p>needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>All meals are prepared on site and served in the dining rooms or in the residents' rooms if requested. These are transported in temperature controlled hot boxes and 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. A dietitian has developed the seasonal menu and reviewed it in March 2024. The food control plan expiry date is March 2025. 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 (employed by the contracted food service provider) is responsible for purchasing the food to meet the requirements of the menu plans. They are supported by a team of four chefs and six kitchen hands. The kitchen staff have relevant food handling and infection control training. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview the kitchen manager was familiar with the concepts of tapu and noa. They discussed occasions where the service has provided culturally appropriate meal services including Māori bread, boil up and other dishes from the contracted services Māori and Pasifika recipe resource booklet. Nutritious snacks and finger foods are available 24/7 in the psychogeriatric and dementia unit. There are specialised utensils available.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	There is a Radius discharge, transition, and transfer policy. Transition,

<p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>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 two clinical nurse managers, RNs, enrolled nurse and review of residents' files confirmed there is open communication between services, the resident and the family/whānau. Relevant information is documented and communicated to health providers. A verbal handover is provided, and the facility utilise the yellow envelope Health New Zealand transfer documentation system to ensure consistency of transfer processes.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a building warrant of fitness certificate that expires on 22 November 2024. 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 appropriate pest control management is in place. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available as required. Checking and calibration of medical equipment, hoists and scales is completed annually. Healthcare assistants and RNs interviewed stated they have adequate equipment to safely deliver care for rest home, hospital,</p>

		<p>dementia and psychogeriatric level of care residents.</p> <p>All outdoor areas well maintained and are accessible and safe for residents' use. Seating and shade are provided. External areas and garden areas surrounding the facility are well maintained. Level paths to the outside areas provide safe access for residents and visitors. Pathways are clear and well maintained.</p> <p>There are six wings across two floors.</p> <p>All rooms are single occupancy only with a mix of ensuite and shared ensuite facilities. Residents' bedrooms throughout the facility have resident's own personal belongings displayed. There is a central nurse station in each unit overlooking the dining/lounge area for ease of supervision. Each unit has their own separate dining room and separate outdoor area.</p> <p>The dementia wings include Munro and Church wings (each with 15 beds). Each unit is secure. Each secure unit has a dining room and satellite kitchen. There is a separate lounge area with seating placed to allow for individual and small group activities and a family room for quieter activities or visitors. One dementia unit has a larger activity room with access to the outdoor courtyard. Each unit has several exit/entry doors out into the courtyard with seating, shade, raised gardens and a walking pathway.</p> <p>The psychogeriatric units are Scott and Best wings (each with 16 beds). They are secure, and each has an attractive secure garden with safe pathways. One whānau room in each unit has been reconfigured to bedrooms (reconfiguration notification from HealthCERT dated 27 September 2023). These rooms are spacious with appropriate flooring, ventilation and heating. There are no ensuites to the rooms and the residents have access to a spacious communal toilet and shower area. All areas are suitable for manoeuvring of transfer and mobility equipment. The rooms are verified to be suitable for specialised dementia care. There are coloured walls at any dead ends along the corridors.</p> <p>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>
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<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 (25 October 2013). The new refurbished rooms in Munro and Church wing did not require a change in the fire evacuation scheme. A recent fire evacuation drill has been completed and this is repeated every six months (last 22 July 2024). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally upstairs and downstairs and checked at regular intervals.</p> <p>In the event of a power outage there is a back-up generator available on site that is checked monthly. The facility uses gas boilers for heating of water within the facility. Laundry services are on a separate gas boiler. There are adequate supplies in the event of a civil defence emergency including water stores (three tanks on site) to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7, with a total of 31 staff with first aid certificates.</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 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. The residents in the secure units are monitored through call bell availability and sensor mats. 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 night staff as</p>
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		<p>part of regular security checks. Visitors complete a screening process that includes a health and safety declaration, symptoms of infection, and body temperature measured at entry. There are closed circuit television cameras in the hallways and outside perimeter to assist with security. CCTV signage is displayed and family/whānau are informed at entry to the service. There is a security company that assists with perimeter security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Radius strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>The Radius organisation has personnel with expertise in infection control and AMS as part of their senior management team. Expertise can also be accessed from Radius quality manager, Public Health, and Health New Zealand who can supply Radius with infection control resources.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the Radius Board. The clinical team report pandemic analysis weekly to the national quality manager and regional manager, whose reports are available to the CEO/Board. Outbreak of other infectious diseases is reported if and when they occur. Monthly compliance and risk reports are completed for all facilities by the compliance and risk manager for the CEO. Monthly collation of data is completed, trends are analysed, and then referred back to the facilities for action.</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the national clinical team, the GP, and the public health team.</p> <p>There are adequate resources to implement the infection control programme at Althorp. External resources and support are available through external specialists, microbiologist, GP, and the wound nurse when required. Overall effectiveness of the programme is monitored</p>

		<p>by the facility management team.</p> <p>A registered nurse is the infection prevention and control coordinator and they have been in the role three months. She is supported by one of the nurse managers (who held the role previously). A documented and signed role description for the position is in place. The infection prevention and control coordinator is responsible for implementing the infection control programme, and liaises with the infection control committee, who meet monthly as part of the staff/quality meeting and as required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The infection prevention and control and AMS programmes are reviewed annually and are linked to the quality and business plan.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources, including personal protective equipment (PPE), were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Radius has an organisational pandemic response plan in place which is reviewed and tested at regular intervals. The infection control coordinator and infection control committee have input when infection control policies and procedures are reviewed.</p> <p>The infection prevention and control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard</p>

		<p>precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection prevention and control coordinator has access to an online training system with resources, guidelines, and best practice. The infection prevention and control coordinator has completed infection control audits.</p> <p>At a site level, the facility manager and infection prevention and control coordinator have responsibility for purchasing consumables. All other equipment/resources are purchased at national level. Infection control personnel have input into new buildings or significant changes, which occurs at national level and involves the head of resident risk and the regional managers. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through handwashing, and sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection control, and staff are trained in cultural safety.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at clinical meetings and through discussions with the GP, as confirmed by the GP interviewed.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. The service monitors antimicrobial use through evaluation 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</p>

		identified both at site level and national level. Feedback occurs from national senior management level.
<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 prevention and control programme. The purpose and methodology are described in the infection prevention and control policy in use at the facility. The infection prevention and control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions, are discussed at the relevant meetings, including the quality, staff and RN meetings. Meeting minutes are available to staff. Ethnicity data is included in benchmarking of infection control data at national level. Review of benchmarking data shows that Althorp has consistently had low infection rates.</p> <p>Staff are made aware of new infections in handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>There have been six Covid-19 outbreaks and one scabies outbreak since the previous audit. The outbreaks were managed effectively, with documentation confirming this. Residents and family/whānau were updated regularly through the outbreaks.</p> <p>Hand sanitisers and gels and other personal protective equipment is available for staff, residents, and visitors to the facility.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements Radius waste management policies that conform to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, and laundry/cleaner’s room. Staff receive training and education in waste management and infection control, as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas. There is a sluice room in each of the units, with sanitisers and adequate supplies of PPE, including eye wear.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight and were observed doing this during the audit. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety training.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. The clinical nurse manager monitors cleaning and laundry services. Residents and family/whānau confirmed satisfaction with laundry services in interviews and in satisfaction surveys. Any concerns that arise are immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team. There were no construction, installation, or maintenance in</p>
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		<p>progress at the time of the audit. Infection control internal audits are completed by the infection prevention and control coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The Radius governance body is committed to working towards a restraint free environment across their services by end of 2024. The restraint approval process is described in the restraint policy and provides guidance on the safe use of restraints. A registered nurse is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint elimination and implementation across the organisation. The organisational plan evidenced a Radius Care commitment to be restraint free.</p> <p>The reporting process to the governance body includes restraint data that is gathered and analysed monthly.</p> <p>The GP at interview confirmed involvement with the restraint approval process when required. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit, no residents were using restraint. Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination. Review of restraint usage is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually. This includes a restraint competency assessment</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.1</p> <p>My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake).</p>	CI	<p>In response to the international staff working at Althorp, the service recognised the importance of educating overseas employees to the New Zealand work culture, specifically as it applies to Althorp. The service implemented education for staff to ensure that all staff are equipped with the knowledge and skills needed to provide culturally safe and appropriate care to the diverse population of residents in their care.</p>	<p>The service identified cultural champions within the staff who would act as champions and who would provide training, peer support and guidance. Staff training included cultural tikanga for all new staff within one month of starting at Althorp. Additional training for staff around: cultural awareness, communication styles and specific cultural practices. There have been training sessions focussed on specific cultures represented in the resident population, culturally appropriate care practices, dietary needs and religious observations.</p> <p>The service linked into the Radius National cultural committee, which, as part of its role, encourages resident, staff and families to provide input into cultural practices. Community cultural organisations also provide expertise and resources.</p> <p>Regular surveys were undertaken to obtain feedback from staff to understand staff needs and</p>

			<p>monitor effectiveness of training. Cultural training was also discussed in a range of staff and management meetings.</p> <p>As a result of the project the service has evidenced that resident satisfaction around culture has improved from 62% 2022 to 76% 2023. Staff satisfaction around culture for 2023 rated the highest for all of the Radius facilities; recognising that staff feel informed around Māori culture and the staff members own culture is recognised and supported.</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	CI	<p>The facility manager and clinical nurse manager identified newly employed registered nurses from overseas working in New Zealand expressed uncertainty regarding palliative care and their associated responsibilities. They indicated a need for additional training and support to feel confident in providing palliative care to the resident and support their loved ones during the journey.</p> <p>They also recognised the concerns and challenges related to palliative care and the end-of-life experienced by family/whānau that is culturally appropriate and sensitive to their spiritual and physical needs.</p> <p>The aim is to provide excellent specialist palliative care to all involved in the journey and adhering to the Te Ara Whakapiri guidelines. 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</p>	<p>A quality improvement plan was developed, 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 from Waipuna Hospice team supported the service, to discuss expectations with families/whānau, assist with anticipatory prescribing and assist with the grieving/debrief process. A weekly 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 recent resident requested assisted dying. A booklet and several resources were developed for family/whānau to understand the palliative pathway, and describe the care required to meet the resident's individual goals and needs, according to the phases and progression of the illness. The family/whānau and resident's wishes are regularly discussed and incorporated into the care plan as the review of documentation and</p>

		<p>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 cultural needs</p>	<p>interviews with RNs demonstrated. As a result, there is an established collaborative relationship between the care team, hospice, and family/whānau. A “Palliative Care Trolley” and “Wellness pack” was created to provide comfort and support to residents and families/whānau, A ceremony is initiated by staff and families/whānau, with a prayer and the Te Korowai Aroha (cloak) placed on the deceased resident as a sign of respect, providing rest and guidance to a new journey and staff escort the resident out of the facility.</p> <p>The email of feedback from families that lived through the experience was overall positive. A recent support letter written by the palliative nurse specialist verified the treatment pathway and communication to be successful and residents’ quality of life are optimised until death. The funeral director witnessed the professional and caring approach of staff during the final stage of the care pathway. The palliative care pathway is embedded into practice and RNs stated overall communication and cultural awareness has improved. Customer satisfaction results showed an overall improvement - Healthcare services 2022 - 81%, 2023- 86%, Ensuring rights and privacy of residents are protected 2022 -81%, 2023 -83% and Satisfaction with core services 2022- 77% 2024 -79%.</p>
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End of the report.