

Radius Residential Care Limited - Radius Baycare Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Radius Residential Care Limited
Premises audited:	Radius Baycare Home and Hospital
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 19 September 2024 End date: 20 September 2024
Proposed changes to current services (if any):	None

Total beds occupied across all premises included in the audit on the first day of the audit: 42

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Radius Baycare is part of the Radius Residential Care group. The service provides rest home, hospital (geriatric and medical) and residential disability (intellectual and physical) levels of care for up to 46 residents. On the day of the audit there was 42 residents.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Health New Zealand Te Whatu Ora. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, and management. The general practitioner was unavailable for interview at the time of audit.

The service is managed by a facility manager with previous experience in aged care management. The facility manager is supported by an assistant regional manager, national quality manager and clinical nurse manager. The clinical nurse manager was on leave at the time of the audit. Residents and family/whānau interviewed spoke positively about the service provided.

The service continues with environmental upgrades and room refurbishments since the last audit.

The service has addressed the previous shortfalls related to the quality programme, staffing, care planning and medication management.

This surveillance audit identified the service meets the standard.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Radius Baycare 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. 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.

Radius Residential Care Ltd is the organisation's governing body responsible for the service provided at this facility. The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations.

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. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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

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

Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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.

The infection prevention and control programme is implemented and provides information and resources to inform the service providers. Training is provided.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are collected and analysed for trends and the information used to identify opportunities for improvements. Outbreak response plans are in place and the service has access to personal protective equipment supplies. There have been three outbreaks since the previous audit, which were well managed.

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.

The business plan and restraint policy documents organisational commitment to maintain a restraint-free environment. At the time of the audit, there was one resident using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet, and annual restraint competencies are completed.

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	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is in place which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The service is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and evidenced in practice. Radius Baycare has a relationship with the local marae and links are established with the other kaumatua via Radius Baycare Māori staff and residents for activities such as blessing of the rooms. Comprehensive cultural assessments are completed for residents who identify as Māori.</p> <p>Interviews with seven staff (three healthcare assistants (HCAs), two registered nurses (RNs), one cook, and one cleaner) and two managers (facility manager, assistant regional manager), demonstrated a knowledge of implementing the principles of Te Tiriti O Waitangi across all areas of service provision.</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</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Radius Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p>

<p>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>There were no residents identifying as Pasifika at the time of the audit. The Pasifika staff members confirmed that the residents' whānau would be encouraged to be involved in all aspects of care particularly in nursing and medical decisions. They cited satisfaction with the service and recognition of cultural needs.</p> <p>Radius Baycare partners with Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Code of Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical manager or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Six residents; three rest home, two hospital, and one young person with a disability (YPD) interviewed, and four family/whānau (two hospital, and two rest home), confirmed that individual choices, independence, and cultural beliefs are respected. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Radius Baycare policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Radius Baycare as a facility is inclusive of ethnicities, and cultural days are held 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. 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 residents of all ages, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional</p>

		<p>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 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The resident files reviewed included signed general informed consent forms. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. EPOA activation letters were on file where appropriate.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register.</p> <p>The electronic complaints register is being maintained. Eleven complaints were lodged in 2023, and ten in 2024 year to date since the previous audit in October 2022. All internal complaints have been resolved and closed off. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified.</p> <p>A coronial inquest relating to the 2021 death of a resident in a public hospital has been referred to the Health and Disability Commissioner (HDC). The service has responded fully (last December 2023) and is awaiting further contact. No issues relating to the topics raised (wound care) were noted in this audit. Complaints logged include an investigation, follow up, and replies</p>

		<p>to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the combined quality, health and safety, staff, and registered nurses' meetings (minutes sighted).</p> <p>The complaints procedure is provided to residents and families during the resident's entry to the service. A comprehensive 'Welcome to Radius Care' booklet includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The facility manager is responsible for the management of complaints and provides Māori residents with support 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 confirmed 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>	FA	<p>Radius Baycare is part of the Radius Residential Care group, a company registered in compliance with legislative, contractual, and regulatory requirements. The service provides rest home, and hospital (geriatric and medical), rest home, and residential disability (physical) levels of care for up to 46 residents. All beds are certified for dual purpose use. There were no residents with intellectual disabilities on the day of the audit.</p> <p>On the day of the audit there were 42 residents; 16 rest home, and 26 hospital level residents; including two younger adults with disabilities (YPD), one ACC respite, one respite, and on a long-term support chronic health contract (LTS-CHC). All residents except the YPD, ACC, respite, and LTS-CHC were on the age-related residential care contract (ARRC).</p> <p>The Radius Strategic plan 2023-2028 describes the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan has clear business goals to support their philosophy of 'Caring is our Calling'. There is a business continuity plan 2024-2025 with documented site-specific goals.</p> <p>The strategic plan describes annual goals and objectives that support outcomes to achieve equity for Māori. The national cultural committee and</p>

		<p>Māori advisor support implementation of the business goals. 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 July 2024, and has previous experience in health facility management and aged care. The facility manager is supported by an assistant regional manager, a national quality manager and a clinical nurse manager (on leave at the time of audit).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Radius Baycare is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings including clinical, staff, health and safety and infection control, document comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Monthly clinical meetings and staff meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and closure when achieved. The partial attainment identified at the previous audit related to HDSS.2021 #2.2.2 has been satisfied. Quality data and trends in data are posted on a quality noticeboard, located adjacent to the staffroom.</p> <p>Resident and family/whanau satisfaction are completed annually. The surveys completed in July 2024 reflect overall satisfaction of the service, and evidence an increase in overall performance from 75% to 89% when compared to 2023 results. The national quality manager benchmarks data against other Radius facilities and industry standards; this is analysed internally to identify areas for improvement.</p>

		<p>A risk management plan is in place. Health and safety is a standing agenda item in the monthly quality and staff meetings. Actual and potential risks are documented on a hazard and risk register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incidents, hazards and risk information is collated at facility level, reported to the regional manager, and a consolidated report and analysis of all facilities are then provided to the governance body monthly. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months. Electronic reports using an electronic system are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms.</p> <p>Discussions with the facility manager and assistant regional manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed since the previous audit to notify HealthCERT of historical registered nurse unavailability, stage 3 or above pressure injuries, and a change in management. One norovirus and two Covid-19 outbreaks were reported appropriately to Public Health.</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 a staffing policy that describes rostering requirements, and the service provides 24/7 registered nurse cover. The partial attainment identified at the previous audit related to HDSS.2021 #2.3.1 has been satisfied.</p> <p>The facility manager and clinical nurse manager are available Monday to Friday. They share an on-call roster with the RN staff. Interviews with HCAs, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training as well as a range of topics related to caring for both the older person and younger adults. This includes both the ageing process and enabling good lives sessions with staff completing a cultural competency. External training opportunities for care staff include training through Health New Zealand and hospice. The service supports and encourages HCAs to obtain a New Zealand Qualification</p>

		<p>Authority (NZQA) qualification.</p> <p>The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Four RNs (including the clinical nurse manager) are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Five staff files reviewed included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. 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. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</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</p>	FA	<p>Five residents' files were reviewed: two rest home residents, and three hospital, (including ACC, YPD, and LTS-CHC). The GP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team and allied health. The GP was unavailable for</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>interview at the time of audit.</p> <p>All care planning documentation for resident entry into the service was completed as per policy timeframes. Resident's files have a range of assessments completed on admission and assessments support the development of the care plan, all of which had been completed as per policy requirements. The previous shortfall NZS 8134:2021 criterion # 3.2.3 has been satisfied. All residents (including YPD and LTS-CHC) had an interRAI assessment completed. Long term care plan interventions are recorded to a level of detail to guide staff in the care of each resident. There is a process for the person-centred care plans to be reviewed following interRAI reassessments, and all files sampled had been reviewed appropriately for those in the service for six months or longer, and evaluations documented progression towards meeting goals.</p> <p>The residents on respite care and short-term ACC respite both had relevant assessments, and an initial care plan completed within 24 hours of admission.</p> <p>The registered nurses reported that sufficient and appropriate information is shared between the staff at each handover (viewed). Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There were 12 wounds at the time of the audit, and no pressure injuries. Adequate dressing supplies were sighted in the treatment room. Where wounds required additional specialist input, this was initiated, and a Health New Zealand wound nurse specialist was consulted. The electronic wound care plan documents assessments, wound management plans, and evaluations are documented with supporting photographs.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the clinical coordinator and this was evidenced in the records sampled. All monitoring charts for two-hourly turns, blood pressure, weight loss, blood sugar levels and fluid balance had been completed as required. The previous shortfalls HDSS:2021 criterion #3.2.4 has been resolved. Interviews verified residents and EPOA/whānau/family are</p>
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		<p>included and informed of all changes.</p> <p>Where progress was different from expected, the service, in collaboration with the resident and EPOA/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The families/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (electronic) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained and were observed to be completed correctly, the partial attainment identified at the previous audit related to HDSS.2021 criterion# 3.4.1 has been satisfied. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checks medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>A total of 10 medicine charts were reviewed. Allergies are indicated, and all residents' photos were current. Indications for use are noted for pro re nata (PRN) medications. Efficacy of PRNs medication is documented in the progress notes and evidence of this was sighted.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Residents' medications are stored securely, and these are checked regularly. The registered nurse was observed administering</p>

		<p>medications safely and appropriately. Medications were stored safely and securely in the trolley in the locked medication room. There were no residents self-administering medications on the day of the audit; however, there are processes related to managing residents who self-medicate, and safe storage available as required. No standing orders were in use, and no vaccines are stored on site.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed reported they accommodate residents' requests.</p> <p>There is a verified food control plan expiring March 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Radius Baycare and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports</p>

<p>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>cultural practices.</p> <p>The current building warrant of fitness expires 31 May 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. The infection control policies were developed with input from infection control specialists and these comply with relevant legislation and accepted best practice. A registered nurse is the infection control coordinator. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention training was up to date with a high number of staff attending. Staff have received education in infection control at orientation and through ongoing annual online education sessions. Additional staff education around the prevention and management of infectious outbreaks is ongoing. This includes reminders about handwashing and advice to residents about remaining in their room if they are unwell. Staff who were interviewed demonstrated a good understanding of infection control and prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by</p>	FA	<p>The infection surveillance program is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. An infection control manual is used as reference for best practice around infection control. Advice around infection control matters is also sought from Radius head office, local infection control specialists in Regional Public Health</p>

<p>ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>and by liaising with the GP.</p> <p>Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is collected, based on signs, symptoms, and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections, including specific organisms, are reviewed. Subsequently, action plans are formulated and executed, which is also analysed monthly and annually for trend identification. Additionally, the infection control data captures information on ethnicity. Staff are kept up to date on infection rates and outcomes of regular audits during staff meetings, with evidence documented in the minutes of these meetings.</p> <p>The facility experienced one gastro outbreak in September 2024, and Covid-19 outbreaks in December 2023, and June 2024. The outbreaks were well managed and documented accordingly. Training and debriefing sessions were conducted after these events.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The business plan and restraint policy documents organisational commitment to maintain a restraint-free environment. An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation. The restraint coordinator is a registered nurse, who with the support of the clinical nurse manager, provides support and oversight for restraint management in the facility.</p> <p>There was evidence of GP involvement with the restraint approval process for the one resident utilising restraint (bed rail). Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered. Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with the management, registered nurses, and HCAs. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually.</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.

No data to display

End of the report.