

Radius Residential Care Limited - Radius Matua

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Radius Matua

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

Dates of audit: Start date: 12 September 2024 End date: 13 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: 152

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 Matua is owned and operated by Radius Residential Care Limited. The service provides hospital (medical and geriatric), rest home, and dementia levels of care for up to 154 residents. On the day of the audit there were 152 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. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

The facility manager is suitably qualified and experienced in aged care. The facility manager is supported by the clinical nurse manager, an administration team, and team of experienced care staff. These roles are supported by the Radius regional manager and a national quality manager.

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

The service has been awarded continuous improvement ratings related to staff training, resident activities and waste management.

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 Matua 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. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. They listen and respect the voices of the residents and effectively communicate 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 with monthly reporting structures through the regional manager to the Board monthly. Staff KPI's are linked to the business goals to incentivise achievement and resources are allocated to support these.

The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions raised and allocated to the appropriate staff where applicable, followed up and reported on.

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

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and comprehensive staff education and training is 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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There is an admission package available prior to or on entry to the service. The clinical nurse manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Resident files included medical notes by the general practitioner and visiting allied health professionals. Residents who identify as Māori or Pasifika have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care.

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 service provides planned activities that meet the needs and interests of the residents, as individuals and in group settings. Activities plans were completed in consultation with residents and family/whānau. The planned activity programme promoted residents to maintain their links with the community. Residents and family/whānau expressed satisfaction with the activities programme in place.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents when required.

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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The building holds a current building warrant of fitness certificate. The building is single level, warm and welcoming with pleasant outdoor areas. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are all single and most have their own ensuite bathrooms. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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 service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The clinical nurse manager coordinates the programme.

A pandemic plan is in place. Sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan if activated. The Board has approved all policies, procedures, the pandemic plan, and the infection control programme. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There were Covid-19 infection outbreaks in March, May, June and September 2023 and April and July 2024 and gastroenteritis outbreaks in June 2023 at the service, which were managed according to Ministry of Health guidelines.

The environment supports the prevention and transmission of infections. The environment was clean, and the facility was clean, warm, and welcoming. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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	3	165	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 the founding document for New Zealand. The National Cultural Committee inform this plan is made up of a small group of employees, four of whom identify as Māori. This Committee meets three monthly and collects and analyses ethnicity data with a view to developing programmes that identify and eliminate bias and address Māori health inequity. Radius is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau.</p> <p>The service has residents who identify as Māori. Their care plans include a Māori Health care plan based on Māori assessments and Te Whare Tapa Whā. Links are established with local Māori community members, current residents, their family/whanau, and staff. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Interviews with twenty staff (five healthcare assistants [HCA], seven registered nurses [RNs], one enrolled nurse [EN], one recreational and quality coordinator, two laundry assistants, one household cleaner, one maintenance manager, one kitchen manager and a</p>

		<p>physiotherapist) and four managers (facility manager, clinical nurse manager, regional manager and national compliance and risk manager) and documentation reviewed identified staff were knowledgeable around implementing the principles of Te Tiriti o Waitangi into practice in relation to their roles.</p> <p>The Radius strategic plan and Māori Health Strategy document support strategies to increase Māori capacity by employing and recruiting Māori staff at Radius Matua. The Radius Matua 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.</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>	FA	<p>Ola Manuia: 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 (based on the Fonofale model of care) by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There were no residents identifying as Pasifika at the time of the audit.</p> <p>Radius Matua partners with their Pacific employees to ensure connectivity within the region and to increase knowledge, awareness and understanding of the needs of Pacific people and in celebrating cultural ceremonies.</p> <p>The service continues to actively recruit new staff. There are currently staff employed that identify as Pasifika. The facility manager confirmed how Radius works to increase the capacity and capability of the Pacific workforce, as described in the business plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in</p>	FA	<p>Details relating to the Code of Health and Disability Services Consumers Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical nurse manager, clinical team leaders or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple</p>

<p>a way that upholds their rights and complies with legal requirements.</p>		<p>locations in English, and in te reo Māori.</p> <p>Discussions relating to the Code are held during the three-monthly resident meetings. Families/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Staff receive education in relation to the HDC Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Staff have completed cultural training which includes Māori rights, Māori model of care, and health equity. The service recognises Māori mana motuhake, which reflects in the Radius Matua business and quality plan for 2024/2025 and the Radius Māori Health Strategy.</p> <p>Interviews with seven residents (five rest home and two hospital) and ten family/whānau (six dementia, three rest home and one hospital) confirm that staff are aware of and support residents' rights and individual cultural beliefs and values.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do, treating them individually with dignity and respect. Residents interviewed stated they have control over their choices and in personal matters, including the activities they participate in and who they interact with. 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.</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</p>

		<p>educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity, respect and spoken to in a courteous manner. Satisfaction surveys are completed annually to survey resident satisfaction in relation to upholding resident's rights and privacy and an overall 94% satisfaction rating with respect to communication.</p> <p>A sexuality and intimacy policy is in place with education as part of the training schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships, including for any couples admitted in the service (of which there are currently two). Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit their family member.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>The facility manager confirmed that cultural diversity is embedded at Radius Matua, and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga Māori flip chart is available for staff to use and te reo Māori resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and Te Whare Tapa Wha (Māori models of care), promoting equality, diversity and inclusion, Māori health planning, Māori pronunciation practice, and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe</p>	<p>FA</p>	<p>Radius Matua has policies and procedures in place to prevent institutional racism, discrimination, coercion, harassment, sexual, financial or any other form of exploitation. These include an abuse</p>

<p>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>and neglect policy.</p> <p>The organisation is inclusive of all ethnicities and cultural days are completed to celebrate diversity. Cultural diversity is acknowledged, and Radius Matua has committed to upholding a culture that actively values difference. Staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. The Radius Māori Health Strategy includes strategies for abolishing institutional racism. Te Whare Tapa Whā is embedded, and care plans identify resident focused goals and reflect a person-centred model of care.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. They are made aware of the complaints/whistle blowing process and are encouraged to raise any concerns with management. They are also educated on how to value the older person, show them respect and dignity, as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed that the staff are caring, supportive, and respectful. There are processes in place to manage residents property and comfort funds.</p> <p>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 safe working environment. Professional boundaries are defined in job descriptions. Interviews with seven registered nurses, one enrolled nurse and five healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of the orientation process.</p> <p>Police checks are completed as part of the employment process.</p>
<p>Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I</p>	<p>FA</p>	<p>Policies and procedures relating to communication, open disclosure, accident/incidents and complaints alert staff to their responsibility to ensure clear and open communication. The accident/incident policy</p>

<p>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>requires that family/next of kin are notified of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with ten family/whānau. Three-monthly resident meetings identify feedback from residents and document follow up of issues/concerns by the service.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. There were no residents who could not speak English on the day of the audit. 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>Where appropriate, the service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand specialist services. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. The electronic register captured numerous compliments from family/whānau, which evidence effective communication.</p> <p>In 2021, in response to the communication challenges that Covid-19 brought, the service commenced a project to improve overall communication with residents and their family/whānau and the wider community. It involved the introduction of weekly newsletters which have now become an integral part of the communication pathways for residents and family/whānau. Resident feedback demonstrates that the weekly newsletters are highly valued, particularly by family/whānau as it makes them aware of the activities/events and new initiatives happening and makes them feel a part of the Radius Matua family.</p>
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<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Resuscitation Management, Resident Representative, Enduring Power of Attorney (EPOA) policies guide staff around informed consent processes. The resident files reviewed included signed general consent forms. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew that the residents had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Staff have received training related to informed consent.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated an activation letter and incapacity assessment was on file, this includes the four files reviewed of residents in the dementia unit.</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>Information relating to the complaints management process is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, in an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with the guidelines set by the Office of the Health and Disability Commissioner (HDC).</p> <p>Fourteen internal complaints have been lodged since the previous audit, eight in 2023 and in six 2024. There were no identified trends in respect of these complaints. Complaints logged include an investigation, follow up (generally in the form of a family/whānau or resident meeting) and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the staff, quality and registered nurse meetings (meeting</p>

		<p>minutes sighted). Higher risk complaints are managed with the support of the regional manager.</p> <p>There were three external complaints received via HDC (one in 2023 and two in 2024) for which the service has provided the relevant information and implemented corrective actions, where appropriate. These include staff training on effective communication, falls management, weight management, wound management, coordination of care and transfers to and from public hospital care. These are all awaiting outcomes from HDC.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints, and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including (but not limited to) resident meetings, or one on one with management. During interviews with family/whānau, they confirmed the facility manager and/or the clinical nurse manager and clinical team leaders are available to listen to concerns and act promptly on issues raised.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints process. The complaints management procedure ensures Māori residents are supported to ensure an equitable complaints process. The facility manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>Radius Matua has a total of 154 beds and is certified for rest home, hospital (including medical and geriatric), and dementia levels of care. At the time of the audit there were 152 beds occupied: 50 rest home level care residents, including two residents on short-term respite, one resident on a long term support chronic health care (LTS-CHC) contract, and one resident on ACC funding; 80 hospital level care residents, including two residents on younger person with a disability (YPD) contract and one on a palliative care contract; and</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>22 dementia care residents. All the remaining residents are funded under the age-related residential care (ARRC) contract.</p> <p>The Governance body of Radius Care is the board of directors, made up of the Radius Managing Director / Executive Chairman and 4 Professional Directors (Board). The Board has overall responsibility for all decision making within Radius Care. Day-to-day management of the Company, including being the Company’s principal representative, is delegated to the Chief Executive Officer (CEO). The CEO is responsible for the overall leadership of the management team. Responsibility for the Operations business as usual (BAU) lies with the senior management team of Radius Care. A weekly and monthly reporting structure informs the CEO and Board of operations across the organisation.</p> <p>The Radius vision, values, and objectives align with the overarching Radius Care strategic plan 2024-2028 which supports their philosophy ‘Caring is our calling’. The 2024-2025 Radius Matua business plan describes specific and measurable goals that are regularly reviewed and updated, evidenced in monthly reporting. These site-specific goals relate to business and services; leadership and management; financial leadership and management; risk management and marketing; advertising, and promotion; and clinical quality goals related to falls reduction; safe medication management; compliance of clinical documentation; infection control and antimicrobial stewardship; and compliance with manual handling training.</p> <p>A Māori health strategy is in place and actioned at Board level. There is a cultural advisory group (National Cultural Committee) which meets three-monthly and provides advice to the Board on any issues requiring cultural oversight and direction. The terms of reference for the Radius Governance Body adheres to documented agreed terms of reference. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, as documented in the strategic plan.</p> <p>Ethnicity data is captured electronically at facility level and a three-</p>
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		<p>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 and improving health equity and outcomes for all residents.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The working practices at Radius Matua 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.</p> <p>Radius has a Clinical Governance Group which meets monthly to identify and monitor key clinical performance indicators. This Group includes the organisation's national quality manager, the national compliance and risk manager and the Managing Director/Executive Chairperson [MD] with the responsibility of overseeing clinical matters. The national quality manager together with the regional managers provide clinical support to each facility. The Clinical Governance Group through the MD provide regular quality and compliance and risk reports to the Board that highlight clinical, operational and financial performance outcomes, areas of risk and any appropriate corrective actions. These measures are then reviewed and adapted where appropriate, until a positive outcome is achieved.</p> <p>The facility manager (registered nurse) has been in the role for one year, five months. She was formerly the clinical nurse manager at this site and has extensive experience in aged care. The facility manager is supported by a regional manager, the Radius national quality manager, the national compliance and risk manager and the clinical nurse manager.</p> <p>The facility manager and the clinical nurse manager have both completed professional development activities in excess of eight hours annually, related to managing an aged care facility.</p>
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<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>	<p>FA</p>	<p>Radius Matua implements a comprehensive quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints).</p> <p>A range of monthly meetings (eg, staff meetings, quality/management meetings, health and safety meetings, registered nurse meetings, unit meetings, infection control and restraint meetings) provide an avenue for discussion in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where appropriate to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in each of the staffrooms. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis, including benchmarking, feedback through residents' meetings, and complaints management provides an avenue for critical analysis of work practices to ensure health equity.</p> <p>Quality improvement plans have been documented and include monitoring of progress on clinical indicators such as falls (in order to reduce the number of incidents) and improve residents' quality of life. Continuous improvements have been awarded in relation, staff training (link 2.3.5), resident activities (link 3.3.1), and waste management (link 5.5.1).</p> <p>Cultural safety is embedded in the quality system. Tāngata whaikaha has meaningful representation through two monthly resident meetings and six-monthly care conferences.</p> <p>The results of the 2023 resident and family/whānau satisfaction survey results have been compared with previous surveys. Radius Matua had an overall performance score of 94% and a net promoter score (NPS) of +14. Residents, family/whānau and staff received the results, and they were discussed at resident/family/whānau meetings.</p>
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	<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. The national quality manager regularly reviews policies. 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 is led by the health and safety representative and the team meets monthly. The health and safety officer was interviewed and confirmed that all members of the committee received external training for their role. Hazard identification forms and an up-to-date hazard register were reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff/quality and registered nurses' meetings. Staff incidents, hazards and risk information is collated at facility level, reported at company level by the support office to the operations management team, and a consolidated report of the analysis of facilities are provided to the Board.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Radius facilities. Ethnicity data is linked to benchmarking data. The electronic resident management system escalates alerts to Radius senior team members depending on the risk level. Results are discussed in meetings and at handover. Opportunities to minimise future risks are identified by the clinical nurse manager, in consultation with registered nurses and healthcare assistants. Internal audits on accident and incident reporting was completed and evidence full compliance.</p> <p>Discussions with the management team reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT for a change in management, pressure injuries, absconding, gastroenteritis outbreak, covid-19 related death an unwitnessed injury and an attempted suicide.</p> <p>There have also been notifications to the public health service in</p>
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		<p>relation to gastroenteritis (June 2023) and six Covid-19 outbreaks since the previous audit. These were all appropriately managed, and staff were debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratio policy in place that describes rostering and staffing ratios. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Radius Matua has a full complement of registered nurses and there is 24/7 RN cover.</p> <p>Healthcare assistants reported staffing is adequate. The roster reviewed was fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The facility manager interviewed confirm call bell reports are regularly reviewed to ensure timely attendance to residents' needs. The facility manager and management team work full-time (Monday to Friday). The registered nurses and clinical team leaders on shift manage most of the queries and staffing cover, with the clinical nurse manager and the clinical team leaders (hospital, rest home) and the facility manager providing support out of hours. Radius have a team of experienced RNs who are available to provide clinical advice virtually.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule in place. The education plan covers all required training sessions and includes dementia, delirium and challenging behaviours and cultural awareness. External training opportunities for care staff include training through Health New Zealand. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning about and address inequities.</p>

	<p>Family/whanau members interviewed expressed confidence in the ability and competence of the staff to look after their loved ones.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 81 healthcare assistants employed and 49 hold the national Certificate in Health and Wellbeing level three or above. Radius supports all employees to transition through the NZQA Certificate in Health and Wellbeing. There are 37 staff who work in the dementia unit, 12 have completed the required dementia standards, and the rest are either in the process of completing or are completing level 3 or 4 NZQA (which includes these standards).</p> <p>A training policy with comprehensive training and learning opportunities is in place. All staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint, moving and handling, hand hygiene, and cultural competencies. All RN's and a selection of healthcare assistants complete annual medication administration competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Each staff member is assigned on-line training requirements each month and additional compulsory competency renewal and external training as appropriate. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Nine registered nurses are interRAI trained.</p> <p>The service has attained a continuous improvement rating for the development and implementation of Unleash EPEC (exceptional people exceptional care) training for International qualified nurses (IQN) and registered nurses [RN].</p> <p>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</p>
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		confirmed that they feel supported by their managers and workplace initiatives are encouraged.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are kept on an electronic Human Resources [HR] system. Thirteen staff files reviewed (four HCAs, five RNs, one maintenance manager, one cleaner, one laundry staff and one activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking, completed orientation and performance appraisal as per the appraisal schedule. All staff have a three-monthly appraisal following their period of orientation, followed by annual performance appraisals. Each file had a signed individual employment agreement which included the relevant job description outlining outcomes, accountability, responsibilities, and the functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals.</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, healthcare assistants and support staff to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential on an electronic HR system. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	FA	There is a clinical records policy which complies with relevant legislation, health information standards and professional guidelines.

<p>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>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>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 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>On enquiry, an information booklet detailing entry criteria is provided to prospective residents and their whānau. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service 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 whānau, the referring agency, and general practitioner (GP) are informed of the decline to entry. Alternative services where possible are to be offered and documentation of reason in internal files. The resident would be declined entry if not within the scope of the service or if a bed was not available.</p> <p>The Needs Assessment and Service Coordination (NASC)</p>

		<p>assessments are completed for entry to the service.</p> <p>The admission 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 families/whānau and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity, including Māori, is being collected and analysed by the service. The management team described relationships with identified Māori service provider groups within the community, the local marae and own staff who are able to support with day to day cultural guidance.</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>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Thirteen resident files were reviewed: five at hospital level; including one younger person with disability (YPD), one resident on long-term support chronic health contract (LTS-CHC) and one on palliative care contract; four at rest home level care, including one under Accident Compensation Corporation (ACC) funding and one on respite; and four dementia level residents. Initial care plans are developed with the residents/EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment and are completed within three weeks of the residents' admission to the facility. InterRAI assessments are not required for the residents on the YPD, respite, palliative care and LTS-CHC contracts; however, a comprehensive suite of assessments contained in the electronic resident management system had been completed. Documented interventions and early warning signs meet the residents' assessed needs. All residents in the dementia wing have a behaviour assessment completed on admission with associated risks and supports needed.</p>

	<p>The residents who identified as Māori have a Māori health care plan in place which describes the support required to meet their needs. The registered nurses interviewed describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and family/whanau when developing care plans so residents can develop their own pae ora outcomes.</p> <p>Long term care plan interventions were detailed enough to provide guidance to staff around all the identified medical and non- medical needs. The care plans for residents in the dementia unit include a 24-hour reflection of close to normal routine for the resident with interventions to assist healthcare assistants in management of the resident behaviours. Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP from local contracted health centre visits the facility 10 hours a week. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service, they were informed of concerns in a timely manner, and that they were very confident in the abilities of the nursing team. The facility is provided access to an after-hours service by the GPs from the health centre. A physiotherapist visits the facility for 18 hours per week and reviews residents referred by the clinical nurse manager, clinical team leaders or registered nurses. There is evidence of a multi-disciplinary approach in the care of residents including those receiving palliative care.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were three residents with pressure injuries (one with a sacrum stage three and unstageable heel pressure injury; and the other two residents each with suspected deep tissue injury pressure injuries), which were well</p>
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		<p>managed. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. Other wounds included skin tears, abrasions, and chronic ulcers.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations and concussion checks are recorded following all un-witnessed falls or where head injury is suspected as per policy requirements.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, which was observed to be comprehensive on the day of the audit.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. The registered nurse documents evaluations. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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</p>	FA	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are facilitated by an experienced team of four diversional therapists, including one registered diversional therapist, the recreational quality coordinator. Two other activities staff are currently in training for the diversional therapy (DT) course. The programme runs from Monday to Saturday, with Sundays reserved for church services, movies, enduring power of attorney</p>

<p>suitable for their age and stage and are satisfying to them.</p>	<p>(EPOA)/whānau/family visits, and other activities facilitated by the care staff. The activities are based on assessments and reflect the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated, and resident meetings are undertaken monthly. In consultation with the family and resident, an activity profile detailing the resident's life history is completed for each resident within two weeks of admission.</p> <p>The activity programme is formulated by the activities team in consultation with the facility manager, nursing staff, EPOAs, residents, and care staff. The activities are varied and appropriate for people assessed as requiring hospital, rest home and younger residents (YPD and ACC contracts). Residents assessed as requiring YPD care are involved in activities of their choice and reported they have access to Wi-Fi, which enables them to use their electronic gadgets and participate in a range of education, recreation, leisure, cultural, and community events consistent with their interests and preferences.</p> <p>Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review and when there was a significant change in the residents' ability. Residents were involved in evaluating and improving the programme in residents' meetings and during six-monthly care plan evaluation meetings with residents and their families. Residents confirmed they found the programme meets their needs.</p> <p>Activity progress notes, and activity attendance checklists were completed. The residents were observed participating in activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Outings are conducted as required. Residents were observed walking outside the facility accompanied by staff and family members.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori are facilitated through community engagements with community traditional leaders and by celebrating religious and</p>
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		<p>cultural festivals and Māori Language Week.</p> <p>Activities for residents in the dementia unit were structured to meet the residents' needs, and the DT stated that these can be changed when required. Residents were observed participating in a variety of activities on the days of the audit. Twenty-four-hour activity plans were completed for residents in the dementia unit. Residents can freely access the secure gardens. This was observed on the days of the audit. EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p> <p>Increased attendance and positive feedback regarding activities in the resident satisfaction survey in 2024 resulted in a continuous improvement rating being awarded.</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. 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. The medication refrigerator temperatures and medication room temperatures are monitored daily and were within expected ranges.</p> <p>Medications are stored securely in accordance with requirements. The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The registered nurses oversee the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the electronic medicine management system and</p>

		<p>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 registered nurses. Medication information for residents and family/whānau can be accessed online as needed.</p> <p>There was one resident self-administering medication on the day of the audit. Competencies, storage and documentation in the resident care plan demonstrated compliance with policy and guidelines. There are no standing orders 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 registered nurses and clinical team leaders 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. Medication policies and the Māori health plan evidence appropriate support, advice and treatment for Māori residents is incorporated into medication management.</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 service is outsourced and overseen by a chef who also serves as the kitchen manager. This chef, along with a dedicated team of chefs and kitchen assistants, brings a wealth of culinary expertise to the table, ensuring the highest standards in food service.</p> <p>The kitchen service complies with current food safety legislation and guidelines. The chef reported that all food and baking are prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan expires on 30 March 2025. A registered dietitian whom the organisation employs reviewed the menu, and it was current. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required, and the kitchen staff confirmed awareness of the resident's dietary needs. On admission, residents have a nutrition profile developed, identifying dietary requirements,</p>

		<p>likes, and dislikes. All alternatives are catered for as required. Specialised utensils are available if required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and at night when required.</p> <p>The kitchen and pantry were clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective wings in scan boxes. All decanted food had records of use by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. Also, 'boil-ups', hāngi, Māori bread, and pork were included on the menu, and these are offered to any residents who identify as Māori when required.</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</p>	FA	<p>There is a Radius resident transfer/discharge policy. Transition, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents/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</p>

<p>coordinate a supported transition of care or support.</p>		<p>residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the clinical nurse manager, clinical team leaders, registered nurses, and review of residents' files confirmed there is open communication between services, the resident, and family/whānau. Relevant information is documented and communicated to health providers.</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 26 February 2025.</p> <p>Radius Matua is set out on one level across three units – a hospital unit further separated into two units – Camelia and Magnolia; a Rest Home unit – further separated into three wings – Rata, Rimu and Kowhai and a Safe care Dementia unit – the Lavender wing. All rooms are single and most have their own ensuite bathrooms. There are three shared ensuites in the Lavender dementia unit and six shared ensuites in the hospital areas. There are also five studio units in the hospital area and 18 rooms in the hospital area which share communal toilet/showers. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and a hoist if appropriate. There are signs on all shower/toilet doors.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There are radiators in the rest home and hallways and electric heating in the Lavender unit and the hospital wing with heat pumps in the dining rooms and lounges. The new Magnolia wing in the hospital has underfloor heating. The temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that this is effective.</p> <p>There are large and small communal areas. Activities occur in the larger areas, and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating</p>

		<p>and shade. There is safe access to all communal areas.</p> <p>Care staff interviewed reported that they have adequate space and equipment to provide care to residents. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit.</p> <p>Maintenance is effectively managed with both reactive and preventative maintenance systems in place. The maintenance manager works full-time (Monday to Friday), and the service is currently recruiting a further full-time maintenance staff member. Maintenance requests are logged electronically and followed up in a timely manner. Essential contractors such as plumbers and electricians are available 24 hours a day as required. There is also an annual maintenance plan in place initiated by Radius Head office that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Checking and calibration of medical equipment, hoists and scales was completed in June and August 2024.</p> <p>The service has no plans for building or refurbishments; however, should this occur, the organisation would take into consideration of how designs and environments reflect the aspirations and identity of Māori. This would be coordinated from head office.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan dated 26th April 2011 is in place that has been approved by the Fire and Emergency New Zealand. A recent fire evacuation drill was completed on 30th July 2024, and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at</p>

		<p>regular intervals.</p> <p>In the event of a power outage, there is back-up generator power provided via Radius head office and gas cooking. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with four 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. All registered nurses, selected healthcare assistants and the activities team hold current first aid certificates ensuring there is a first aider on duty 24/7.</p> <p>There are call bells in the residents' rooms, communal toilets, showers, and lounge/dining room areas. These are audible and are displayed on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells near to them. 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. There is external closed-circuit television (CCTV) coverage. Visitors are controlled through a screening process for symptoms of infection, and body temperature is measured at entry. The Village also contracts a security service who check outdoor locks and the surrounding areas twice each evening and are available to support staff if necessary.</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>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service. The IP and AMS programmes have been approved by the governing body, are linked to the quality improvement system and health and safety. Infection control is included in the business plan goals.</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</p>

		<p>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>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 coordinator (IPCC) oversees and implements the IP programme, reporting to senior management and the governance group. The IPCC has the appropriate skills, knowledge, and qualifications for the role and has confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. Currently, there are no proposed changes.</p> <p>A pandemic and infectious disease outbreak management plan is in place and reviewed at regular intervals. There were sufficient IP resources, including personal protective equipment (PPE), which were readily accessible to support the pandemic response plan if required. The IPCC has input into other related clinical policies that impact healthcare-associated infection (HAI) risk. The IPCC coordinates infection prevention and control education. The content of the training is documented and evaluated to ensure it is relevant, current, and understood. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing, advice about remaining in their room</p>

		<p>if they are unwell and increasing fluids during hot weather. This was confirmed in the records sampled.</p> <p>Medical reusable devices and shared equipment were appropriately decontaminated, sterilised or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices were not reused. There is a decontamination, sterilisation, and disinfection policy to guide staff. Regular infection control audits were completed, and corrective actions were implemented where required.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as using hand sanitisers, good handwashing techniques, and using disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The IPCC stated that educational resources in te reo Māori is provided which were sighted. The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practices. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau were educated about infection prevention in a manner that met their needs.</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>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the quality team. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The general practitioner (GP) has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual IP and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed,</p>

		effectiveness, pathogens isolated, and any occurrence of adverse effects.
<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 of HAIs is appropriate for the size and complexity of the service. It aligns with priorities recommended for long-term care facilities and is defined in the IPC programme. Infection prevention audits were completed, and they included cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Monthly surveillance data is collated and analysed to identify any trends and possible causative factors, and action plans are implemented. The HAIs being monitored include, for example, infections of the urinary tract, respiratory tract, skin, eye, and multi-resistant organisms. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Ethnicity was included in the surveillance data. Results of the surveillance programme are shared with staff at staff meetings and handovers on an ad hoc basis. All infection data is reported to the governing body. Benchmarking was completed by comparing previous monthly results with those of other sister facilities.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and whānau.</p> <p>Covid-19 infection outbreaks in March, May, June, September 2023, April and July 2024 and gastroenteritis in June 2023 were reported since the previous audit. These were managed following the pandemic plan with appropriate notifications completed. Results of surveillance and recommendations to improve performance are reported back to the governance body and shared with relevant people in a timely manner.</p>
Subsection 5.5: Environment	FA	There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local

<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>authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. Sufficient amounts of PPE were available, including masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There is a designated cleaning staff. Cleaning guidelines were provided. Cleaning equipment and supplies were stored safely in locked storerooms. Daily and periodic cleaning schedules were maintained. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The management team oversees the built environment's facility testing and monitoring programme. There were regular internal environmental cleanliness audits.</p> <p>Laundry staff are responsible for laundry at the service. All laundry is washed onsite. The laundry was clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures were monitored and maintained to meet safe hygiene requirements. The laundry staff have received training, and documented guidelines are available. The internal audit programme monitored the effectiveness of laundry processes. The staff demonstrated awareness of the infection prevention and control protocols. Residents and family members in interviews confirmed satisfaction with the cleaning and laundry processes.</p> <p>A continuous improvement rating was awarded around reducing environmental impact in the management of waste.</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</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. The clinical nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. There is a restraint committee that meets six monthly and comprises of the clinical nurse manager, the physiotherapist, the two clinical team leaders and the activities coordinator.</p>

<p>restraint in the context of aiming for elimination.</p>		<p>An interview with the restraint coordinator and physiotherapist confirmed 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>On the days of audit, there were no restraints in use and there have been no residents using restraints for more than five years. 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 maintaining a restraint free environment. Regular training occurs. Review of restraint use is completed and discussed at all meetings. Training for all staff occurs at orientation and annually. Audits related to restraint were last completed in August 2024.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.5</p> <p>Service providers shall assist with training and support for people and service providers to maximise people and whānau receiving services participation in the service.</p>	CI	<p>Due to the Covid-19 pandemic and the national workforce shortage, particularly amongst RNs, Radius Matua went through a period of relying on agency use and own registered nurses extending shifts or picking up extra shifts, with a reliance on medication competent healthcare assistants. Successful recruitment strategies saw Radius Matua able to employ internationally qualified nurses (IQN) to meet their immediate contractual obligations; however, the nurses and management identified that there was a knowledge gap with employed IQNs. Radius Matua implemented the newly developed Radius Unleash EPEC (exceptional people exceptional care) training led by the Radius quality manager and Radius education manager for their new RNs.</p>	<p>The comprehensive training 10-week programme was designed to address the shortfalls in the newly employed IQNs knowledge. The IQNs lack prior experience in aged care and were unfamiliar with the New Zealand healthcare system. The programme includes 40 hours of virtual training and 40 hours of completion of a workbook, including several reflection sessions on various topics. This led to several opportunities for continuous improvement, particular in the areas of cultural adaptation, cultural safety and cultural awareness, communication and developing of aged care specific skill set. Participants and the management team completed surveys prior to training to identify the challenges. Participants and management were again surveyed after completion of the training. Positive outcomes include: (a) improved communication within the clinical team, as evidenced by statements from</p>

			<p>multidisciplinary team members, including the GP; (b) an increase in IQN confidence to provide cultural safe care, as evidenced through their written feedback and reflective practice narratives; (c) improvement in their reporting and observation skills that led to early resident intervention when required and improved the quality of care of residents.</p> <p>Interview with four IQNs on the days of the audit confirmed that they felt supported by the programme and had more confidence built up through the skills and knowledge they gained. The resident and family/whānau survey evidence that five of six areas of satisfaction that were assessed in 2023 were above 90% compared to four of six areas that registered 90% and above satisfaction in 2022. Of note was the increase in the resident and family/ whānau satisfaction related to delivery of core services increasing from 88% in 2022 to 95% in 2023.</p>
<p>Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>CI</p>	<p>The service embarked on a project called “travel opportunity-learning about various cultures,” including tasting various food delicacies from different countries. This project was initiated by residents who had travelled extensively and were willing to share their stories, mementos, and photographs from their travels. A large wooden map/puzzle of the world was purchased and displayed in the hospital entrance lobby so that residents could easily identify the countries they visited. A photo corridor in the hospital wing was turned into a gallery displaying photographs of famous landmarks. Staff were also asked to submit photographs of places they visited and grew up in. All these were displayed, and residents, families, visitors and staff were</p>	<p>The quality initiative project showed significant increase in the preceding session from an average of 12% to 18.6% and now to an average of 28% attending each session in 2024. The survey results demonstrate a marked improvement in resident satisfaction across various categories, with an overall continuous improvement rating over 95% around activities in 2024. This positive trend reflects the effectiveness of recent initiatives to enhance the activities programme. Interviews conducted with the staff, residents, NP, and family/whānau confirmed this, respectively.</p>

		<p>encouraged to vote for their favourite photograph. Top-ranking photographs were printed, framed, and displayed for viewing.</p> <p>While the photographs session was going on, residents also were experiencing a cruise destination where they were cooking and tasting different kinds of foods of their home countries and countries they have visited. The cooking was being led by the one of the residents who used to be chef and had travelled extensively assisted by other residents and activities staff. These quality initiative projects drew a lot of interests from other residents and family members. This saw an increase in the number of attendees at each session and became a talking point of the facility. There were regular references in the newsletters about these monthly, residents and family members were observed discussing these sessions and doing frequent visits to the wooden map on the wall.</p>	
<p>Criterion 5.5.1</p> <p>Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p>	<p>CI</p>	<p>The service initiated a quality improvement project focussed on improving environmental sustainability with significant input from residents. Resident feedback shaped the project and the benefits it provided to them. The project was initiated due to the facilities and residents' concerns about its environmental impact, particularly waste management. This concern led to several initiatives related to reducing the use of single plastic items and finding other eco-friendly practices.</p> <p>The project started in 2018 with can tabs and bottle caps collection; in 2019, furniture recycling and refurbishment; in 2020, collection of plastics and compostable items, green waste bin, and</p>	<p>Following the implementation of these various activities, there were increased benefits noted, and these included (but were not limited to): an increased participation by residents in recycling efforts, contributing to environmental conservation and fostering a sense of involvement; reducing environmental impact through recycling used cooking oil; decreased waste and food costs while promoting recycling and creating an eco-friendly dining option; more sustainable and hygienic hand drying option reducing paper waste and supporting environmental goals.</p> <p>There was an increase in positive feedback from residents and family members and Radius Matua was awarded a Bronze Step on the Tauranga City</p>

		<p>soft plastic recycling; in 2023, mask disposal and bra upcycle project, in 2024, used oil collection, installation of hand dryers to reduce paper towel usage and use of energy-efficient lighting and boilers.</p> <p>Resident input was integral in shaping the facility's environmental practices. This was made possible by incorporating their suggestions and feedback. This not only improved its sustainability but also empowered residents to actively participate in and benefit from these eco-friendly initiatives.</p>	<p>Council Waste Audit in September 2023. Satisfaction survey results around environment and waste management were over 95% mark.</p>
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End of the report.