

Radius Residential Care Limited - Radius Hampton Court

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Radius Residential Care Limited	
Premises audited:	Radius Hampton Court	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 28 January 2025	End date: 29 January 2025
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:	45	

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 Hampton Court is owned and operated by Radius Residential Care Limited and cares for up to 45 residents requiring hospital (medical and geriatric) and rest home level of care. On day of audit there were 45 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of resident and staff records, observations, and interviews with residents, family/whānau, management, staff, the national quality manager and a general practitioner.

There has been changes in management since the last audit. The facility manager is a registered nurse with considerable experience in aged care. They are supported by a clinical nurse manager who has been in the role for two years. They are both supported by the Radius regional manager, the national quality manager, and a team of experienced care and support staff.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. Induction and in-service training are in place to provide staff with appropriate knowledge and skills to deliver care.

The area for improvement identified at the previous audit relating to documentation of allergies on the medication management system has been addressed.

This surveillance audit identified one area for improvement related to completion of performance reviews.

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.
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There is a Māori health plan in place. The service recognises Māori mana Motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Staff demonstrated an understanding of resident's rights and obligations and ensures residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

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.		Some subsections applicable to this service partially attained and of low risk.
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The strategic plan includes a mission statement and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and their staff. There is process for following the National Adverse Event reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

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

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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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident records included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks were available 24/7.

All resident's transfers and referrals are coordinated with residents and family/whānau.

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

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

Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. There is an approved evacuation scheme. There have been no changes to the facility since the previous audit.

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.

Infection prevention management systems are in place to minimise the risk of infection to residents and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources for staff. Documentation evidenced that relevant infection control education is provided to staff as part of their orientation and as part of ongoing in-service education programme.

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There has been one outbreak recorded and reported since the previous audit.

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.
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There are governance commitment to maintain a restraint free environment. The restraint coordinator is a registered nurse. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use 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	17	0	1	0	0	0
Criteria	0	49	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the organisation, which Radius Hampton Court utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At time of audit the service had residents who identify as Māori residing in the facility. There were Māori staff who confirmed that mana Motuhake is recognised.</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>Radius Hampton Court has access to Ola Manuia Health and wellbeing action plan and, if required would implement this in conjunction with the organisations Pacific Health plan. This plan encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard. At time of audit there were residents residing in the facility who identified as Pasifika. There were Pacific staff who confirm that Radius Hampton Court ensures that the worldviews, cultural and spiritual beliefs are embraced for Pacific people.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager demonstrated how the Code is provided in welcome packs in the language most appropriate for the resident to ensure that they are fully informed of their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Radius Hampton Court policies guide staff to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff at Radius Hampton Court are trained in and are aware of professional boundaries as evidenced in orientation documents and ongoing education records. Staff (three healthcare assistants, three registered nurses, one office manager, one cook), and management demonstrated an understanding of professional boundaries when interviewed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and</p>	FA	<p>There are policies around informed choice and consent. Six resident files reviewed included informed consent forms signed by either the resident or the resident powers of attorney/welfare guardians. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents including Māori, who may wish to involve whānau for collective decision making. Interviews with four family/whānau (two hospital and two rest home), and five residents (three rest home and two hospital) confirmed their choices regarding decisions and their wellbeing is respected.</p>

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<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Complaint forms are located at the entrance and in visible places throughout the facility or on request from staff. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is maintained which includes all complaints, dates and actions taken. There have been two internal complaints received in 2024. One of which was fully investigated and closed to the satisfaction of the complainant. The other one was retracted by the complainant. A longstanding Health and Disability Commissioner (HDC) complaint has recently been closed with no further action required of the provider. Complaints are managed in accordance with the guidelines set by the HDC. Discussions with residents and family/whānau members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori, there is preference for face-to-face communication and to include whānau in participation.</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>	FA	<p>Radius Hampton Court is in Napier in the Hawkes Bay. The service is certified to provide rest home and hospital level care (medical and geriatric) for up to 45 residents. There were 45 residents on day of audit. All beds are single occupancy.</p> <p>There are five rest home beds, and 40 dual purpose beds (hospital and rest home). On the day of audit, there were 21 rest home level residents (including one respite resident), and 24 hospital level residents (including three young persons with disability (YPD). All but the YPD and respite</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>residents were under the aged related residential care contract (ARRC).</p> <p>The governance board consists of the Radius managing director/executive chairperson and four professional directors each with their own expertise. They are responsible for executing the strategic plan. The vision and values are posted in visible locations throughout the facility and are reviewed in meetings. The Board receives progress updates on various topics, including staff and resident incidents, benchmarking, complaints, human resource matters and escalated complaints. The strategic plan reflects links with Māori, aligns with the Ministry of Health strategies, addresses barriers to equitable service delivery that also improve outcomes for Māori. The service has identified external and internal risks and opportunities that include addressing possible inequities, and how these inequities plan to be addressed. Goals are regularly reviewed with evidence of sign off when met.</p> <p>The organisation's national quality manager and the risk and compliance manager oversee clinical governance which includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI's). There are weekly updates given at handover and these talks focus on current clinical focus areas. Monthly reports to the Board reflect evidence of communicating quality and risk activities. Weekly updates given at handover focus on clinical aspects of care to ensure all staff are kept abreast of appropriate clinical information.</p> <p>The facility manager has extensive experience in managing a broad range of services within aged care and knows the facility well having managed it previously. The facility manager has been in the role for six months. Evidence was submitted that the appropriate notification was completed for the appointment. The clinical nurse manager (unavailable for this audit) has a background in aged care and surgical services and has been in the role for the past two years.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a</p>	<p>FA</p>	<p>Radius Hampton Court is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data. The facility manager and clinical nurse manager lead and implement the quality programme. The programme involves all staff with every staff member expected to be active in implementing a quality</p>

<p>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>approach when at work and participating in the quality programme.</p> <p>The service is implementing the organisations internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any short falls. Progress against quality outcomes is evaluated. Reports are completed for each incident or accident with immediate action noted and any follow up actions(s) required, evidenced in six accident/incident forms reviewed (behaviour, unwitnessed falls, skin tears, bruising). Staff follow the concussion checklist following all unwitnessed falls which includes neurological observations. These were consistently recorded for all unwitnessed events or when head injury was suspected. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical nurse manager or registered nurses. Relatives are informed following incidents. The clinical nurse manager collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in staff meetings with meeting minutes displayed on staff noticeboards.</p> <p>Monthly staff, clinical/quality, and head of department meetings provide an avenue for discussions in relation to quality data; health and safety; infection control; complaints received; staff; and education. Discussion with the senior registered nurse (who provided the auditor with clinical support in the absence of the clinical nurse manager) and review of documentation evidenced that the provider uses the plan, do, study, act (PDSA) framework to guide staff to implement and evaluate improvements made to service delivery. The outcomes of which are shared within the appropriate staff meeting. Meeting minutes sighted evidenced that meetings are occurring as scheduled. Resident family/whānau meetings are occurring as per schedule with resident's family/whānau interviewed stating they find the meetings helpful to find out what is happening within the home and have an opportunity to give feedback.</p> <p>The national quality manager advised that the 2024 resident survey results are yet to be collated. A health and safety system is in place. Hazard identification forms are completed, and up-to-date hazard and risk register was reviewed. Health and safety are discussed at staff meetings. Staff have completed training related to health and safety. Staff are kept informed on health and safety issues through the handover process and staff meetings.</p> <p>Discussion with the facility manager evidenced their awareness of their</p>
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		<p>requirement to notify relevant authorities in relation to essential notifications. There has been Section 31 notifications submitted for three pressure injury notifications stage three and above (prior to July 2024) and two change of facility manager notifications. An additional event involving a resident falling following hoist malfunctioning was reported the week of the audit.</p> <p>There has been one Covid-19 outbreak (May 2024) since the previous audit and were appropriately notified and reported on.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The facility manager and clinical nurse manager work full time from Monday to Friday. Review of three weeks of roster provides evidence that there is a registered nurse on duty 24/7 and cover provided by a registered nurse for short notice leave. The facility and clinical nurse manager are available for all clinical and operational matters Monday to Thursday. Regional phone support is provided from Friday evening to Monday, early morning. All information regarding any residents of concern is provided to the registered nurse on call on Friday afternoon. The facility manager is available 24/7. There have been changes made to the roster since the last audit: A successful recruitment campaign has seen a facility manager, registered nurses and healthcare assistants employed as permanent or casual employees part and full time. The facility manager creates the roster and distributes the senior healthcare assistants over the morning and afternoon shifts. Healthcare assistants' hours have increased over both the morning and afternoon shifts (part time hours) as the number of hospital level residents has increased. All shifts are covered with a medication competent healthcare assistant to support the registered nurse.</p> <p>Separate cleaning and laundry staff are rostered. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs and that the management team provide good support. Residents and family/whānau members interviewed reported that they believe that staff numbers have improved and advised that they believed they were adequate.</p> <p>There is an annual education and training schedule completed for 2024 plus</p>

		<p>the plan for 2025 is being implemented. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training which includes, code of rights, informed consent, promoting equality, diversity, and inclusion, restraint, challenging behaviour, Pacific models of health, falls prevention/management, introduction to Te Tiriti o Waitangi, Māori health (values, beliefs), end of life, tissue viability, pressure injury prevention and management, and medication management. There is an attendance register for each training session and an individual staff member record of training maintained electronically.</p> <p>Educational courses offered include in-services, online, and competency questionnaires. The clinical nurse manager, all registered nurses (bar the most recent employee) a selection of healthcare assistants and activities staff have completed first aid training. There is at least one staff member on each shift with first aid training. All registered nurses and healthcare assistants who administer medications have current medication competencies. All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the 18 permanent healthcare assistants and five casual, six have achieved level one, two have completed level three and 14 have completed level four.</p> <p>All healthcare assistants are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, hand hygiene, PPE use and cultural competencies. A selection of healthcare assistants completes annual medication administration competencies. A record of completion is maintained on an electronic human resources system.</p> <p>The clinical nurse manager and registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures and treatments which include medication, controlled drugs, manual handling, syringe driver and emergencies. At the time of audit, the clinical nurse manager and seven registered nurses had completed interRAI training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A</p>	PA Low	<p>Six staff records reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include</p>

<p>diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. 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. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and healthcare assistants to provide a culturally safe environment to Māori. Staff interviewed confirmed the orientation programme was adequate to familiarise themselves with their role, the facility, and the organisation. Review of staff records, discussion with the facility manager and review of the staff appraisal schedule evidenced that not all staff who have been employed for a year or more have a current performance appraisal on record.</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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Six resident records were reviewed: three rest home, (including one respite), and three hospital including one young person with disability (YPD). The registered nurses are responsible for all resident's assessments, care planning and evaluation of care.</p> <p>Apart from the respite resident initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short term care plans are developed for acute problems, for example infections, wounds, and weight loss. 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</p>

		<p>and when there is a change in the resident's condition. Evaluations are documented by a registered nurse and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes. There are two GP who visits weekly and as required. Medical documentation and records reviewed were current. When interviewed the general practitioner was complimentary regarding the standard of clinical leadership and overall care. After hours care is provided by the contracted medical practice and the local public hospital when needed. If a physiotherapist is required a referral is completed. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds require additional specialist input a wound nurse specialist is consulted. At the time of audit there were pressure injuries treated.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Staff follow the management of concussion check list following un-witnessed falls which includes neurological observations as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records and repositioning charts. 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 a written and</p>
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		verbal handover at the beginning of each shift. This was witnessed and found to be comprehensive in nature.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. The clinical nurse manager and registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and medication competent healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotics packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in locked cupboards in the medication room. The medication fridge and medication room temperatures are monitored daily and within required parameters. All stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Twelve medication charts were reviewed. Each chart sampled had a current photo. The resident's allergy status was identified in all 12 medication records sampled. The previous area identified for improvement has now been addressed. Indications were noted for pro re nata (PRN) medications, and the effectiveness of PRN medication was consistently documented in the electronic medication system and progress notes. There were no residents self-administering medications; however, the medication policies provide guidelines related to residents that wish to self-administer their medications when competent to do so. No vaccines are kept on site. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.</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 four-week seasonal menu is reviewed by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. The cook confirmed dislikes, and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents' requests.</p> <p>There is a verified food control plan current to 31 March 2025. The residents and family/whānau interviewed gave mixed reviews regarding the standard of the meals served. Nutritious snacks were available 24/7.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident, family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that 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</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Hampton Court home and hospital and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's culture and supports cultural practices.</p> <p>The current building warrant of fitness (BWOF) expires 22 July 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot</p>

freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an infection, prevention, and antimicrobial policies and procedures that includes the pandemic plan. The programme is linked to the quality improvement programme and approved by the governing body and reviewed annually.</p> <p>The pandemic plan is available for all staff. Staff education includes standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE). All staff have completed the required training within the last 12 months.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection prevention and control.</p> <p>Infection surveillance is the responsibility of the infection control coordinator. All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection control coordinator. Any trends are identified, and corrective actions implemented. The service incorporates ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at handovers when residents have infections and at staff meetings.</p> <p>Staff have received infection control related training including outbreak management. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications from Health New Zealand.</p> <p>There has been one Covid-19 outbreak (May 2024) since the previous audit. The outbreak was documented, appropriately managed and reported to relevant authorities.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint free environment is the aim of Radius governance. Policies and procedures meet the requirements of the standards. The clinical nurse manager is the designated restraint coordinator and takes responsibility for the restraint elimination strategy and for monitoring any restraint use within the facility.</p> <p>Systems are in place to ensure restraint use is reported through to staff meetings and to governance level. There were no residents using restraint at time of audit. Restraint policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau and the choice of device must be the least restrictive possible. Restraint is included as part of the orientation for staff and completed annually through the education plan which incorporates least restrictive practice, cultural interventions, and de-escalation techniques.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	Review of staff records and discussion with the facility manager evidenced that policy and process had been followed for all staff recruitment and orientation. However, a process to ensure all healthcare and support workers have an opportunity to discuss and review performance at defined intervals is yet to be implemented. Staff employed for longer than one year that were interviewed could not remember being involved in the review of their performance.	Five out of six staff records reviewed for staff having been employed for more than 12 months had no evidence that they had a performance review at a defined interval. The staff record for performance reviews was not maintained and updated.	Ensure all health care and support workers can discuss and review performance at defined intervals and this is documented and records maintained. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.