

Radius Residential Care Limited - Radius Heatherlea Care Centre

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 Heatherlea Care Centre	
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: 20 January 2025	End date: 21 January 2025
Proposed changes to current services (if any):	This audit verified seven rest home only beds as suitable to dual service (rest home and hospital).	

Total beds occupied across all premises included in the audit on the first day of the audit: 43

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 Heatherlea provides hospital (geriatric and medical), rest home and dementia levels of care for up to 55 residents. On the days of the audit there were 43 residents.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the contract held with Health New Zealand Te Whatu Ora. The audit processes included observations; a review of organisational documents and records, including staff records and the resident files; interviews with residents and family/whānau; and interviews with staff, management and a general practitioner. Residents and family/whānau interviewed spoke positively about the care and support provided.

This audit has also verified seven rest home only beds as suitable to dual service (hospital and rest home).

The facility manager has experience in aged care and health management. The facility manager is supported by experienced registered nurses and caregivers. Radius Heatherlea has implemented cultural safety protocols to ensure there is a safe environment for Māori and others to come into the service.

The service has addressed two of the two shortfalls from the previous audit in relation sufficient registered nurses to ensure a registered nurse on each shift, care plans and progress notes documentation.

This audit has identified one shortfall related to competencies for first aid and medication.

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.

There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Radius Heatherlea demonstrates their knowledge and understanding of resident's rights and ensures that 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 medium or high risk and/or unattained and of low risk.
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Radius Residential Care Ltd is the organisation's governing body responsible for the service provided at this facility. There is a business plan 2023-2024 with documented site-specific goals, which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting Policy and management comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. Regular staff education, training, is in place to support staff in delivering safe, quality care.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan, review, and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input.

The organisation has an electronic resident management system. Resident files are electronic and enrolled nurses included medical notes by the general practitioner, and allied health professionals. Medication policies reflect legislative requirements and guidelines. Medications are stored securely.

A current food control plan is in place. Nutritious snacks are available 24/7.

Transfers and discharges are coordinated and involve input from the resident 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.
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The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

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

Subsections applicable to this service fully attained.

There is a comprehensive organisational infection control programme which has been approved and reviewed annually. Staff complete education in relation to infection control and complete relevant competencies.

Surveillance data is collated and analysed. Data includes ethnicity data and is shared with staff. Since the previous audit, there has been one outbreak.

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 facility manager, who is the restraint coordinator. There are no residents currently using restraints. Maintaining a restraint-free environment is included as part of the education and training plan and staff have completed a restraint competency.

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	0	1	0	0
Criteria	0	48	0	0	1	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>The Māori health plan acknowledges Te Tiriti o Waitangi as the founding document for New Zealand. Radius Heatherlea is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. At the time of the audit, there were Māori staff who confirmed in interview 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>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Radius Pacific health plan. At the time of the audit there were Pacific staff who confirmed that cultural safety for Pacific peoples, their worldviews, cultural and spiritual beliefs are embraced.</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 and office manager discussed how the welcome packs are given in the language most appropriate for the resident, to ensure they are fully informed of their rights. Three residents (two rest home and one hospital) and five family/whānau (one hospital, three dementia and one rest home) interviewed stated that all staff respected 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 policies 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. All staff have received education around and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records.</p> <p>Nine staff (four healthcare assistants (HCAs), one registered nurse (RN), a chef, a kitchen hand, maintenance person and activity person) and four managers (one facility manager, one chef manager, one clinical nurse manager and one national quality manager) interviewed demonstrated an understanding of professional boundaries.</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>	FA	<p>In the five files reviewed, admission agreements were signed and saved in the residents' electronic file. Informed consents had been signed and were included on the electronic file for general matters, as well as specific consents for Covid-19, influenza, and for specific procedures. Enduring power of attorney (EPOA) documentation was evident in residents' files where required.</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>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. 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 families/whānau during the resident's entry to the service. A comprehensive 'Welcome to Radius Care' booklet includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The facility manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process. A complaints register is being maintained, which includes all complaints, dates and actions taken. There have been three complaints received in 2024 year to date and one complaint made in 2025 year to date. The complaints reviewed included acknowledgement, follow up, and resolution.</p> <p>One external complaint was received through Health New Zealand, which has now been closed.</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. 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 a preference for face-to-face communication and to include whānau 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</p>	FA	Radius Heatherlea has a total of 55 beds certified for rest home, hospital and dementia levels of care. Fifteen beds in the care centre are dedicated rest home only. Nineteen beds are dual-purpose. Twenty-one beds are in

<p>communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>the dementia wing. This audit verified seven beds in the rest home as suitable for dual purpose beds (rest home and hospital). There is no change to total bed numbers.</p> <p>At the time of the audit there were 43 beds occupied: 14 residents were at rest home level, including: one resident was on an accident compensation corporation (ACC) contract and one resident on a younger person with a disability (YPD) contract , 15 residents were at hospital level, including one resident on a palliative care contract; and 14 residents were in the dementia unit including one respite. All other residents were on the age-related residential care (ARRC) agreement.</p> <p>Radius Strategic plan 2023-2028 describe the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan has clear business goals to support their philosophy of 'Caring is our calling.' There is a business plan 2023-2024 with documented site-specific goals. The strategic plan describes annual goals and objectives that support outcomes to achieve equity for Māori. 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. Clinical governance is overseen by the organisation's national quality manager and the risk and compliance manager, includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI's). These outcomes and corrective actions are discussed at the compliance and risk meeting led by one of the Board members.</p> <p>The facility manager (an RN) is new to the role and comes to the service with a wide range of management experience in health services. The facility manager is supported by an office manager, regional manager, and national quality manager. The service is in the process of appointing a clinical team leader.</p> <p>The facility manager has completed other professional development activities in excess of eight hours annually, related to managing an aged care facility including her orientation to the role.</p>
Subsection 2.2: Quality and risk	FA	Radius Heatherlea is implementing the organisational quality and risk management programme. The quality and risk management systems

<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>include performance monitoring through internal audits and through the collection of clinical indicator data. There is an annual meeting schedule implemented including monthly staff meetings, monthly health and safety meetings (including infection control), restraint meetings and RN meetings.</p> <p>The meetings provide an avenue for discussions in relation to (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; education; quality data; health and safety; hazards; service improvement plans; incidents and accidents; internal audits; and infections. Corrective actions are documented where indicated to address service improvements, with evidence of progress and closure when achieved. Quality data and trends in data are posted on a quality noticeboard. The most recent resident survey was 2024 with overall positive results and documented an overall improvement from 2023. Resident and family/whānau meetings provide a forum for open disclosure, sharing of survey results and staff movements.</p> <p>The national quality manager benchmarks data against other Radius facilities and industry standards, data is also analysed internally to identify areas for improvement. A risk management plan is in place. Health and safety is included in the monthly quality/health and safety meeting. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, and is reported to the regional manager. Electronic reports using an electronic system are completed for each incident/accident, has a severity risk rating, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms. There is a process for following the National Adverse Event Reporting Policy. Management demonstrated an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. There have been notifications sent to the Health, Quality and Safety Commission, there has been one covid outbreak reported. Section 31 notifications have been sent for a change of manager and for a stage three pressure injury (prior to July 2024).</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager works full-time from Monday to Friday. The rosters reviewed evidence any vacancies and unplanned absence have been covered. The facility manager is on call 24/7. The staffing roster is adaptable and can increase staffing depending on resident numbers and acuity. The facility manager explained how the roster will increase according to the resident need and when rest home beds become dual service. There is always at least one RN on each shift- this is an improvement from the previous audit.</p> <p>Some RNs, the activities staff and maintenance person hold current first aid certificates; however, a first aid trained staff member is not always rostered on each shift. Residents and family/whānau interviewed stated that there were adequate staff on duty at all times. Staff interviewed felt that the RNs are accessible and supportive.</p> <p>There is an annual education and training schedule implemented for 2024 -2025. The education and training schedule lists compulsory training, which includes Māori health, tikanga, and Te Tiriti O Waitangi. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-four healthcare assistants are employed and 67% hold the national certificate in health and wellbeing level two or above. There are twelve HCAs employed and working in the dementia unit. All but four have completed the relevant dementia standards the remainder are registered and in the process of completing the required unit standards. Training to care for dementia residents includes person first, dementia second sessions, behaviours of concern, and de-escalation.</p> <p>The staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Four of the eight RNs are interRAI trained. Not all staff who administer medications have an up-to-date medication competency.</p>
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<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>Five staff files reviewed included evidence of completed training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. 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. All staff who have been employed for a year or more, have a current performance appraisal on file.</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>	FA	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed: two at hospital level; including one on a palliative care contract; two at rest home level including a younger person disabled and two dementia level residents. Initial care plans are developed with the residents/enduring power of attorney (EPOA) consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, risk assessments and information from pre-entry assessments.</p> <p>The initial nursing assessments and initial care plans sampled are developed within 24 hours of admission, in consultation with the residents and family/whānau, where appropriate or per the residents' request. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>Residents not on the ARRC contract have appropriate risk assessments completed and holistic care plans in place (one palliative care resident and one ACC funded patient). The resident on the younger person with a disability contract has interRAI assessments completed. InterRAI assessments are scheduled for completion within three weeks of an admission and planned for a six-monthly or earlier review. The interRAI assessments and reassessments reviewed were completed within the required timeframes.</p>

		<p>The long-term care plans are scheduled to be completed following the initial interRAI assessment. In the residents' files sampled, the interRAI assessments were current, and outcome scores supported the care plan goals and interventions. The long-term care plans are holistic and align with the service's model of person-centred care. The long-term care plans sampled reflected residents' strengths, goals and aspirations aligned with their values and beliefs identified through the assessment process documented. Care plans included comprehensive interventions to guide care delivery.</p> <p>Residents' and family/whānau representatives of choice or enduring power of attorney (EPOAs) were involved in the assessment and care planning processes. Residents and family/whānau confirmed their involvement in the assessment and care planning process.</p> <p>Where progress towards goals was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral would be made to the needs assessment service coordination (NASC) team for reassessment of level of care. A record of who participated in the development and evaluation of care plans was documented in meetings that occur with family/whānau. These meetings occur at the time of admission, as well as at the time of any acute health change and at the six-monthly review. Care plan evaluations were completed and documented progress against the set goals. Acute changes in health status are recorded in the progress notes and were recorded as short-term care plans or updated in the long-term care plan. Residents' care is monitored on each shift and reported in the progress notes by the HCAs. Any changes noted are reported to the RNs, as confirmed in the records sampled. The previous shortfall (3.2.5) has been addressed.</p> <p>The care plans evidenced service integration with other health providers, including activity notes, medical and allied health professionals. Allied health interventions were documented for visits and consultations. A physiotherapist visits weekly. A podiatrist visits six to eight-weekly.</p> <p>The general practitioner (GP) who sees most of the residents, visits weekly and provides out of hours consultations. Medical assessments were completed by the GP within five working days of an admission. Routine medical reviews were completed every three months and more</p>
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		<p>frequently as determined by the resident's needs. Medical records, including three-monthly reviews, were evidenced in sampled records. Changes in residents' health have been appropriately escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated, were evidenced in the sampled residents' files and from discussion with the GP. On interview, the GP confirmed they were contacted in a timely manner when required, and that medical orders were followed, and care was implemented promptly.</p> <p>A wound register is maintained. There were 12 wounds documented, including one stage three pressure injury, skin tears, bruises, and grazes. Heatherlea has a process in place for ensuring wounds were reviewed and updated with the frequency that was planned. All had comprehensive wound assessments, which provided information regarding assessment, monitoring and progress of the wound. The wound management plans and documented evaluations, including photographs to show healing progression. Wound dressings are completed by RNs who have completed a wound competency.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; intentional rounding; blood sugar levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries describe the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely been commenced for unwitnessed falls as part of post falls management.</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</p>	FA	<p>Policies and procedures that meet legislative requirements are in place for medication management. Not all staff who administer medications have completed annual competencies (link 2.3.3). Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any</p>

<p>medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>discrepancies are fed back to the supplying pharmacy.</p> <p>All medications are stored securely. Medication trolleys are locked and stored securely when not in use. The medication fridge and medication room temperatures are monitored weekly. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies are prescribed by the GP and charted on the electronic medication chart.</p> <p>The current medication system will be able to cater for increased hospital level residents as needed for the increased dual service beds.</p> <p>Ten electronic medication charts were reviewed; each chart has a photographic identification, allergy status and sensitivity identified. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly. Medication charts have photo identification and allergy status identified. There were no residents self-medicating at the time of the audit. There are comprehensive policies in place should a resident wish to self-administer medications. The staff interviewed could describe the process around residents self-administering medications.</p> <p>All medications are administered as prescribed. The effectiveness of pro re nata (PRN) medications have indications for use documented, and efficacy is recorded in the progress notes or on the electronic medication system. There are no vaccines kept on site, and no standing orders are in use.</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</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. A current approved food control plan was evidenced, expiring end of February 2025 with an upcoming audit booked. The healthy eating policy supports staff to provide healthy balanced meals for residents. Meals are prepared and reflect nutritional guidelines that are appropriate for the residents. Residents are encouraged to enjoy nutritional meals and to participate in meal preparation and clean up as they are able to.</p>

hydration needs are met to promote and maintain their health and wellbeing.		Diets are modified as required and the staff confirmed awareness of the dietary needs of the resident. Residents have a nutrition profile developed on admission, which identifies dietary requirements and preferences. Alternatives are catered for as required. Snacks and drinks are available for residents throughout the day and night, when required.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a Radius resident transfer/discharge policy. Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Māori agencies, where indicated or requested. The facility manager and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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>	FA	<p>The buildings, plant, and equipment are fit for purpose at Radius Heatherlea and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The building has a current warrant of fitness, which expires in September 2025.</p> <p>There is a planned and reactive maintenance programme in place, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, equipment checks, calibrations of weigh scales, and clinical equipment and testing, which are all current. Hot water temperatures are monitored and managed within 43-45 degrees Celsius.</p> <p>Rooms: 1a 1, 5, 8, 10, 11, and 14 in Fushia wing have been verified as suitable for dual service beds (rest home and hospital) all of the rooms are large enough to accommodate equipment and room 5 has a ceiling hoist. The service has sufficient equipment (two standing hoists, two sling</p>

		<p>hoists, shower chairs as examples) should the residents require additional mobilization assistance. All of the rooms have hospital level beds.</p> <p>Fushia wing has two large communal toilet/ shower rooms, one toilet and one additional shower in close proximity to the rooms.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A clearly defined and well documented infection prevention and control programme is implemented. The programme was developed with input from an external infection prevention and control expert. The current infection prevention and control programme was approved by the board and is linked to the quality improvement programme. The infection prevention and control policies were reviewed by the clinical nurse manager who seeks advice from external experts as required. The policies and procedures comply with legislation and accepted best practice and include appropriate referencing.</p> <p>Staff have received education in infection prevention and control programme at orientation and through ongoing face to face and annual online education sessions. Additional staff education has been provided around Covid-19 pandemic. Education with residents occurs individually during care provision, as well as reminders about handwashing and advice about remaining in their rooms if they are unwell; residents confirmed this at interview.</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 infection surveillance programme is appropriate for the size and complexity of the service. Health care-associated infections being monitored included skin, eyes, and respiratory infections. Surveillance of infections includes ethnicity data.</p> <p>Records of quarterly data (sighted) confirmed apart from the outbreak, there were low infection rates. Benchmarking is completed by the clinical nurse manager/infection prevention and control coordinator. Staff confirmed they are advised of benchmarking results which occurs by comparison with the previous months and the reasons for increase or decreases, and actions taken was advised. Staff reported they receive information about infection rates and audit outcomes at staff meetings, and these were sighted in meeting minutes. New infections are discussed</p>

		<p>at shift handovers to ensure prompt intervention can occur.</p> <p>Since the last audit, there has been one covid outbreak. The outbreak was appropriately managed with notifications completed. A comprehensive pandemic plan is in place.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. The facility manager is the restraint coordinator. There are procedures providing guidance and direction for the staff if restraint were considered and it would be reported at the staff/quality, health and safety, and RN meetings. All staff are aware of the service's policy and are trained in restraint minimisation. Staff have had training in behaviours that challenge and de-escalation techniques.</p> <p>The facility was restraint free at the time of the audit.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.3.3 Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.	PA Moderate	Some RNs, the activities staff and maintenance person hold current first aid certificates; however, there is not always a first aid trained staff member rostered on each shift. There is an implemented training schedule which includes all required competencies which staff are required to completed annually; however, not all staff who administer medications have an up-to-date medication competency	(i). Three shifts in the last two weeks did not have a qualified first aider rostered on. (ii). Not all staff who administer medications have a medication competency (corrective action in place at the time of audit	(i). Ensure all shifts have a qualified first aider rostered on. (ii). Ensure all staff who administer medications have a current medication competency 60 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.