

# Radius Residential Care Limited - Radius Matamata Retirement Village

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## Introduction

This report records the results of a Surveillance Audit; Partial Provisional 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 Matamata Retirement Village

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

**Dates of audit:** Start date: 6 March 2025 End date: 7 March 2025

**Proposed changes to current services (if any):** Radius Matamata Retirement Village has applied to reconfigure the current 31 rest home level care beds into dual purpose (hospital level / rest home level care) beds (letter dated 14 November 2023). The rest home beds were verified at this audit as suitable for dual purpose.

**Total beds occupied across all premises included in the audit on the first day of the audit: 79**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Radius Matamata Retirement Village is part of the Radius Residential Care group. The service provides rest home, and hospital (geriatric and medical), levels of care for up to 99 residents. On the day of the audit there were 79 residents.

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

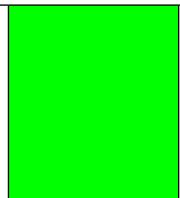
A concurrent partial provisional audit was conducted to verify the suitability of 31 previous rest home level beds to dual purpose (rest home and hospital level of care) beds. The beds were verified as suitable for both rest home and hospital level residents.

The service is managed by an experienced facility manager, supported by a clinical nurse manager, and wider team. Residents and family/whānau interviewed spoke positively about the service provided. The service continues with environmental upgrades and room refurbishments since the last audit.

This surveillance audit identified no shortfalls.

There were no shortfalls identified for the partial provisional audit.


## 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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Radius Matamata Retirement Village provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Radius Matamata Retirement Village provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the for dual and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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Radius Residential Care Ltd is the organisation’s governing body responsible for the service provided at this facility. The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to

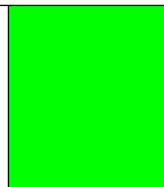
identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated at facility level, and reported to the regional manager, with documentation of data put into a consolidated trend report across all Radius facilities. The data is presented to the Board each month.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

## Ngā huarahi ki te 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.


InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The residents care plans reviewed evidenced timely assessments and reviews. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations are completed at least six-monthly.

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

The food service meets the nutritional needs of the residents. Dietary preferences, intolerances, allergies, and cultural needs are catered for. The service has a current food control plan.

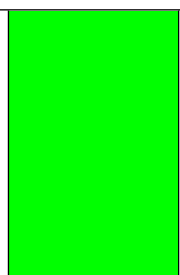
Transition, discharge, or transfers are managed in a planned and coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current building warrant of fitness. Clinical and electrical equipment are checked for safety. Rooms are personalised.

## **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.
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The infection control and antimicrobial stewardship programme has been reviewed annually and has been approved by the Board. Staff have completed training as per the education plan.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings, and education sessions. Outbreak response plans are in place and the service has access to personal protective equipment supplies. There have been six outbreaks since the previous audit, which were well managed.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit, there were residents using a restraint. Encouraging a restraint-free environment is included as part of the education and training plan.

## 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	22	0	0	0	0	0
Criteria	0	108	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

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

<p>enjoy good health and wellbeing.  Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.  As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>There were residents identifying as Pasifika at the time of the audit. Interviews with residents and Pasifika staff members confirmed that the residents' whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions. They cited satisfaction with the service and recognition of cultural needs.</p> <p>Radius Matamata Retirement Village partners with Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others.  Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).  As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code of Health and Disability Services Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical nurse manager, or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Seven residents; four rest home, and three hospital level of care interviewed, and three family/whānau (hospital level), confirmed that individual choices, independence, and cultural beliefs are respected. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Radius Matamata Retirement Village policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Radius Matamata Retirement Village as a facility is inclusive of ethnicities, and cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value residents of all ages, showing them</p>

		<p>respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The resident files reviewed included signed general informed consent forms. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. EPOA activation letters were on file where appropriate.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate</p>	FA	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>A complaints register is being maintained. One complaint was lodged in 2023, five in 2024, and two in 2025 year to date since the previous audit</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>in July 2023. All internal complaints have been resolved and closed off. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified. There have been no external complaints.</p> <p>The complaints procedure is provided to residents and families during the resident's entry to the service. A comprehensive 'Welcome to Radius Care' booklet includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The facility manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process. The facility manager acknowledged the understanding that, for Māori, there is a preference for face-to-face communication and confirmed that this would be encouraged for any complainant, but particularly for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Matamata Retirement Village is part of the Radius Residential Care group, a company registered in compliance with legislative, contractual, and regulatory requirements. The service provides rest home, and hospital (geriatric and medical) levels of care for up to 99 residents. Forty- seven beds are currently certified for dual purpose use.</p> <p>A concurrent partial provisional audit has verified the suitability of a further 31 rest home level beds (15 in care home, and 16 serviced apartments) for dual purpose use (letter dated 14 November 2023). All rooms are designed for single occupancy. There are no changes to the overall bed numbers. Total number of dual purpose beds are now 78.</p> <p>On the day of the audit there were 79 residents; 37 rest home residents including one resident on respite, and 42 hospital level residents; including one resident funded by an end of life contract (EOL), one resident on a younger person with a disability (YPD) contract, and one resident on a long term support- chronic health care (LTS-CHC)</p>

	<p>contract. All residents except the residents on the EOL, YPD, and LTS-CHC contracts were on the age-related residential care contract (ARRC).</p> <p>Radius strategies describe the vision, values, and objectives of Radius aged care facilities. The overarching Radius Care strategic plan 2023-2028 has clear business goals to support their philosophy 'Caring is our calling'. The 2024-2025 Radius Matamata Retirement Village business plan describes specific and measurable goals that are regularly reviewed and updated. These site-specific goals relate to business and services; leadership and management; financial leadership and management; risk management and marketing; advertising and promotion; and clinical quality goals related to reducing restraint use and incorporation of Radius quality and risk systems, including (but not limited to) transition of all resident records to electronic resident management system used by Radius. Goals are regularly reviewed and progress documented, as evidenced in the monthly meetings and reporting.</p> <p>The Governance Board consists of the Radius managing director/executive chairman and four professional directors, each with their own expertise. A Māori health strategy is actioned at Board level. There is a Māori cultural advisor to the Board to advise on any issues that require cultural oversight and direction. The terms of reference for the Radius Governance Body adheres to a documented agreed terms and reference. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, as documented in the strategic plan.</p> <p>The chief executive officer (CEO) is responsible for the overall leadership of the management team. As part of the CEO's role, responsibility for the operations lies with senior management team of Radius Residential Care. The weekly and monthly reporting structure informs the CEO and Board of operations across the organisation. Ethnicity data is captured electronically at facility level and a three-monthly report is generated for the National Cultural Committee to review, as sighted in the meeting minutes. Ethnicity data is then analysed and reported in terms of opportunities for addressing</p>
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		<p>inequalities, improving health equity and outcomes for Māori residents.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Radius Matamata Retirement Village are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for whānau are provided through general feedback and satisfaction surveys to participate in the planning and implementation of service delivery. There is a National Cultural committee that meets three-monthly to consider how decisions best reflect a cultural response to strengthen Māori influence.</p> <p>Clinical governance is overseen by the organisation's national quality manager and the risk and compliance manager, and includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI's). These outcomes and corrective actions are discussed at the compliance and risk meeting led by one of the Board members. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved.</p> <p>The facility manager is a has been in the role for five years, and has previous experience in health facility management. The facility manager is supported by a clinical nurse manager who has been at the facility since 2018, regional manager, national quality manager and an experienced care team.</p> <p>The management team have maintained at least eight hours of professional development activities related to managing an aged care facility and other training.</p> <p>Partial provisional</p> <p>There are no changes to the governance structure as a result of the reconfiguration of the thirty-one rest home beds to dual purpose beds. The service has no target date set for the use of the new dual purpose use; however, plan to utilise them for community need as soon as</p>
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		approved.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Radius Matamata Retirement Village is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings including clinical, staff, health and safety and infection control, document comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Monthly clinical meetings and staff meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and closure when achieved. Quality data and trends in data are posted on a quality noticeboard, accessible to all staff members.</p> <p>Resident and family/whanau satisfaction are completed annually. The surveys completed in July 2024 reflect overall satisfaction of the service, with a net promoter score (NPS) of +50. Staff satisfaction has also increased, with the latest December 2024 survey showing of the NPS to +38 from +11.</p> <p>The national quality manager benchmarks data against other Radius facilities and industry standards is analysed internally to identify areas for improvement.</p> <p>A risk management plan is in place. Health and safety is a standing agenda item in the monthly quality and staff meetings. Actual and potential risks are documented on a hazard 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, reported to the regional manager, and a consolidated report and analysis of all facilities are then provided to the governance body monthly. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p>

		<p>Electronic reports using an electronic system are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms.</p> <p>Discussions with the facility manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including severity assessment code (SAC) reporting procedures. There have been Section 31 notifications completed since the previous audit, and SAC reports were reported to the Health Quality and Safety Commissioner. Six outbreaks have been reported appropriately to Public Health since the previous audit.</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>	<p>FA</p>	<p>Sufficient staff are rostered on to manage the care requirements of the residents, and the service provides 24/7 registered nurse cover. The registered nurses and a selection of healthcare assistants (HCAs) hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager and clinical nurse manager are available Monday to Friday. They share an on-call roster with the RN staff.</p> <p>Interviews with HCAs, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings. Residents interviewed confirmed their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, including (but not limited to) falls, abuse and neglect, dementia, behaviour management, continence, cultural awareness, and fire and emergency training This includes staff completing a cultural competency. There are external training opportunities for care staff, including training through Health New Zealand and hospice.</p> <p>The Māori health plan includes objectives around establishing an environment that supports cultural safe care through learning and support. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources</p>

	<p>during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to learn about and address inequities.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification, with 28 HCAs having achieved level 4, and two level 3.</p> <p>All staff are required to complete competency assessments as part of their orientation. Additional registered nurse specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. All RNs attended in-service training which includes medical conditions specific to the demographic of Radius Matamata Retirement Village residents. Five of the thirteen RNs (including the clinical nurse manager) are interRAI trained.</p> <p>All healthcare assistants are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, hand hygiene and cultural competencies. A selection of HCAs complete annual medication administration competencies. A record of completion is maintained on an electronic human resources system.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee survey, and performance appraisals. Staff wellness is encouraged through participation in health and wellbeing activities and initiatives. Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by the managers and workplace initiatives are encouraged.</p> <p>Partial provisional</p> <p>The current roster reviewed evidenced sufficient staff are available to respond to an increase acuity when required. The facility manager confirmed that the request for reconfiguration of the thirty-one beds to dual purpose beds is to assist the community need and demand for hospital level beds.</p> <p>There is RN cover 24/7. The roster takes into consideration the footprint. There are sufficient number of HCAs rostered to provide cultural and</p>
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		<p>safe care for residents at a higher level of care. There are three registered nurses rostered from 7am to 3.15pm, plus a clinical team leader two days per week, and the clinical manager Monday to Friday. There are also two RNs on the afternoon shift and one on the night shifts.</p> <p>The training topics are appropriate for hospital level care and will remain unchanged. There are sufficient number of RNs that are interRAI trained and with syringe driver competencies.</p> <p>Activities staff, laundry and cleaning/household staff will remain unchanged.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Six staff files reviewed included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. All staff who have been employed for over one year have an annual appraisal completed. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. Meeting minutes reflect debrief meetings held following outbreaks. There was evidence of staff feedback and discussions held around staff</p>

		<p>queries and concerns in the meeting minutes reviewed.</p> <p>Information held about staff is kept secure, and confidential in an electronic database.</p> <p>There are no changes required to be made around human resources processes with the reconfiguration of beds.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six resident files were reviewed including two rest home level (including one resident on respite care) and four hospital level (including one on and EOL contract, one resident on a YPD contract and one resident on a LTS-CHC contract). Registered nurses are responsible for assessing residents on admission and on an ongoing basis. All resident files reviewed have evidence of resident, family and whānau involvement in the assessment and care planning process. Residents interviewed confirmed they are involved in decision making and they have choices about their care. Assessments, interim care plans, interRAI assessments and long-term care plans are developed within the timeframes required by the aged related residential care contract. InterRAI assessments are not completed for residents on respite and the EOL contract; however, they undergo a comprehensive assessment process and a detailed care plan in place.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. Residents then have a three-monthly review by the general practitioner as a routine, or if residents needs change, they are seen when needed. The general practice provides seven day per week on call services until 8pm. A physiotherapist is contracted to attend residents who have a need for physiotherapy care. Residents have access to a visiting podiatrist six-weekly. Staff refer resident to a dietitian where required. Allied health practitioner and general practitioner assessments and interventions are documented and integrated into care plans.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system and other validated tools. Where interRAI shows a trigger for a specific need, this is included in care plans. Care plans are comprehensive and cover all medical, physical, social and psychological needs and include religious and</p>

		<p>cultural preferences.</p> <p>Registered nurses and healthcare assistants described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and in a timely manner. They stated staff are respectful and kind and answer call bells promptly. The general practitioner stated staff communicate with them in a timely manner and senior staff are knowledgeable and competent. The general practitioner commented staff seem to love their jobs and know the residents well.</p> <p>Healthcare assistants interviewed could describe a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed during the audit. Progress notes and monitoring charts for personal cares document care provided according to the care plan each shift. Registered nurses document at least daily. Healthcare assistants document the cares provided each shift. There is regular documented input from the general practitioner and allied health professionals. There was evidence the registered nurse has added to the progress notes when there was an incident or changes in health status or to complete regular registered nurse reviews of the care provided. Short-term care plans are developed when there are short-term needs such as wounds or infections.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Families and whānau are invited to either attend for care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents' goals and aspirations and if the supports given are helping to achieve these.</p> <p>The registered nurse monitors residents' weight and vital signs according to their needs which is monthly as a routine but more frequent when indicated. Neurological observations are completed at recommended intervals for residents with unwitnessed falls or falls where the head is hit. Monitoring charts are completed according to identified needs and include (but are not limited to) bowels, food and fluids, behaviour, blood glucose levels, positioning, personal cares and falls risk. At the time of the audit there was a total of 82 wounds plus four</p>
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		<p>residents with chronic skin lesions. The wounds include bruises, grazes, dermatitis, skin tears, a surgical wound, a venous ulcer and three pressure injuries (one unstageable, one stage one and one stage three). Staff stated they can access the wound nurse specialist when needed and have had training in wound management. Assessments and wound management plans including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. A medication round was observed and seen to be safe. Staff explained residents' medication to them in a simple, easily understood way. Medications are administered by registered nurses and healthcare assistants. All staff administering medications are required to pass an annual competency test and have ongoing training in medicine management.</p> <p>Medications are supplied by a local pharmacy. Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. Expired and unused medications are returned to the pharmacy. Medicines were seen to be stored in locked trolleys and locked medication rooms. The registered nurses completes expiry date checks of stored medications as scheduled. The medication refrigerators and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening.</p> <p>Twelve medication charts were reviewed. These meet prescribing requirements and are reviewed at least three-monthly by the general practitioner. Any changes to medications are discussed with residents and family/whānau. All medication charts had photographic identification. Allergies and adverse reactions are clearly recorded. Specific</p>

		<p>instructions for individual residents are included in the prescription. Pro re nata medications have the indications documented in the prescription and the effectiveness is documented in the electronic system. There are no residents who self-medicate; however, there is a process to assess their competency and store medications securely. There are no standing orders. Supplements and over-the-counter are considered by the general practitioner and prescribed on the medication chart where possible. Residents and whānau who identify as Māori confirmed staff provide appropriate support, advice and treatment for them.</p> <p>Partial provisional</p> <p>There is a locked medication room in the wing where certification is sought for dual purpose beds. The locked medication trolleys are stored there when not in use. The room has counter space to prepare medications. The medication fridge is situated in the locked nurses station and the temperature is within the acceptable range. Both areas have handwashing facilities.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></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>	<p>FA</p>	<p>All meals and baking are prepared and cooked onsite by two cooks assisted by three kitchen assistants. All have completed food safety training. Food preferences, dislikes, intolerances, allergies and required food texture is identified on admission and communicated to the cooks who keep a whiteboard of this information up-to-date and has a folder with all dietary profiles. The menu has been reviewed by the Radius dietitian. Alternatives are prepared if menu options don't suit individuals. Cultural preferences and celebrations are catered for. Residents interviewed confirmed they are happy with the meals provided and can give feedback at any time. They stated if they don't like what is provided an alternative is offered. The kitchen is spacious, well organised and clean.</p> <p>Residents are involved in food preparation as part of the activities programme. The cooks are able to provide Māori kai particularly during Te Wiki o Te Reo Māori and Matariki. The cooks prepare other ethnic food, for example chop suey for Pasifika.</p> <p>Meals are plated in the kitchen and transported to each wing in a hotbox. The temperature of all hot meals is recorded. There are dining areas in</p>

		<p>each area of the facility. Residents were seated at tables with other residents having similar nutritional needs such as pureed food. Staff were seen to be discreetly feeding residents who needed it. Modified utensils and plates are used where needed.</p> <p>The food control plan was issued on 17 September 2024. The cook uses an electronic system to record that daily checks and cleaning is done, and to record the temperatures of food before serving, and the refrigerators and freezer temperatures. Temperatures are maintained within an acceptable range. Dry food storage is well organised and food containers are labelled with the date of opening. Food in the refrigerator is labelled with the date of preparation. All staff in the kitchen have safe food certificates and evidence of ongoing training was sighted in staff files.</p> <p>Partial Provisional</p> <p>There are no changes required to food services with the increase of dual purpose beds.</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>Transition, transfer to another facility or hospital and discharge is a planned process that includes communication with the resident and their family/whānau and communicating and documenting the care needs and potential risks to the other facility. If a resident becomes acutely unwell the registered nurse can call the general practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Registered nurses described the required documentation required to accompany the resident to hospital and confirmed the family/whānau are notified.</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-</p>	FA	<p>There is a building warrant of fitness certificate that expires on 2 December 2025. The maintenance person works full-time (Monday to Friday). Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water</p>

<p>centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>temperatures. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Checking and calibration of medical equipment, hoists and scales was completed in February 2025. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents. There are ample spaces for residents to engage in cultural activities. Residents personalise their rooms with their own belongings and items of significance.</p> <p>Partial provisional</p> <p>The 31 resident rooms planned for dual purpose are in the Kōwhai wing on the lower level. All are generously sized with ample room for hospital beds and equipment. Hallways and doorways are wide enough to accommodate transfer by gurney. Staff confirmed all equipment is appropriate to meet the needs of individual residents.</p> <p>All bedrooms and communal areas have sufficient natural light and ventilation. There is heating in all areas, including ensuite and communal shower areas, and there are also heat pumps/ air conditioning units in the communal areas. The temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that this is effective.</p> <p>All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where required. All but one room has a full ensuite and the one room that doesn't has a toilet and shower opposite. Ensuites, communal showers and toilets are spacious to manoeuvre transfer and mobility equipment and have handrails. Taps are designed for ease of opening. Floors are non-slip and appropriate for ease of cleaning.</p> <p>There is a very large lounge in the Kōwhai wing that is used for church services and group activities. Residents' families/whānau can book this room for large gatherings and celebrations. There are smaller seating areas for residents and family/whānau around the facility. Furniture in the main lounge in the Kōwhai wing is arranged in a very homely manner and allows residents to freely mobilise. Activities can occur in the lounges, dining rooms, activities areas and courtyards and this was confirmed by staff interviewed.</p>
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		<p>The layout of the wing ensures communal areas are easy to access. Residents can easily access the outdoor areas.</p> <p>There are no plans for building projects, or further refurbishments; however, if this arises, the organisation will ensure the inclusion of local Māori providers to ensure aspirations and Māori identity are included.</p> <p>The partial provisional audit verifies that all rooms are suitable to provide hospital level care (dual purpose beds).</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Partial Provisional:</p> <p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent (December 2024) fire evacuation drill has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals. The facility has access to a generator as required.</p> <p>In the event of a power outage, there is back-up power available with Radius head office support and gas cooking. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day, for a minimum of seven days. Emergency management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. These are audible and are displayed on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells near to them. Residents and families/whānau interviewed confirmed that</p>

		<p>call bells are answered in a timely manner.</p> <p>The building is secure after hours, and staff complete security checks. An external security company completes two patrols at night. Currently under Covid-19 precautions in the Kōwhai wing, visitors and staff are required to wear an N95 mask.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Partial Provisional</p> <p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Radius strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme. The Radius organisation have personnel with expertise in infection control and AMS as part of their senior management team. Expertise can also be accessed from Radius quality manager, Public Health, and Health New Zealand, who can supply Radius with infection control resources.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the Radius Board. The clinical team report pandemic analysis weekly to the regional manager whose report is available to the CEO/Board. Outbreak of other infectious diseases is reported if and when they occur. Monthly compliance and risk reports are completed for all facilities by the compliance and risk manager for the CEO. Monthly collation of data is completed, trends are analysed and then referred back to the facilities for action.</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the national clinical team, the GP, and the Public Health team.</p> <p>External resources and support are available through external specialists, microbiologist, general practitioner, wound nurse, and Health New Zealand when required. Overall effectiveness of the programme is monitored by the facility management team. .</p> <p>Partial Provisional</p> <p>The partial provisional audit verifies that the governance related to the</p>

		infection control programme and AMS is suitable for the increase in hospital level residents.
<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>Surveillance and Partial Provisional</p> <p>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. The infection control policies were developed with input from infection control specialists and these comply with relevant legislation and accepted best practice. A registered nurse is the infection control coordinator. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention training was up to date with a high number of staff attending. Staff have received education in infection control at orientation and through ongoing annual online education sessions. Additional staff education around the prevention and management of infectious outbreaks is ongoing. This includes reminders about handwashing and advice to residents about remaining in their room if they are unwell. Staff who were interviewed demonstrated a good understanding of infection control and prevention measures.</p> <p>The clinical team leader is the infection control coordinator and knowledgeable around their role and responsibilities related to infection control oversight.</p> <p>There are policies and procedures in place around reusable and single use equipment. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Cleaning, infection control, and environmental audits are completed to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, and sterile single use wound packs for wound management and catheterisations. The clinical nurse manager and the infection prevention coordinator have input into the procurement of good quality personal protective equipment (PPE), medical and wound care products, and were involved in the purchasing of equipment. Expiry dates of consumables and personal protective equipment are regularly</p>

		<p>checked.</p> <p>The designated infection control coordinator has been in the role for fifteen years and is supported by the clinical nurse manager. The infection prevention coordinator has completed external training, including annual attendance at full day workshops held by Health New Zealand. There is good external support from the GP, laboratory, and Health New Zealand. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on pandemic policies and procedures through resident meetings, newsletters, and email.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation can source educational resources in te reo Māori information around infection control for Māori residents. The clinical team leader and clinical nurse manager explained how they ensure participation in partnership with Māori for the protection of culturally safe practice in infection control and acknowledge the spirit of Te Tiriti.</p> <p>The partial provisional audit verifies that the infection control programme is suitable for the increase in hospital level residents (dual purpose rooms).</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Partial provisional</p> <p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the registered nurse and staff quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at registered nurse and staff quality meetings.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at</p>

		<p>site level. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Further discussion takes place at senior management level and is reported to the Board. Trends are identified both at site level and national level. Feedback occurs from national senior management level.</p> <p>The partial provisional audit verifies the antimicrobial stewardship (AMS) programme is for the increase in hospital level residents (dual purpose rooms)</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>	<p>FA</p>	<p>Surveillance and Partial Provisional</p> <p>The infection surveillance program is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. An infection control manual is used as reference for best practice around infection control. Advice around infection control matters is also sought from Radius head office, local infection control specialist in Regional Public Health and by liaising with the GP.</p> <p>Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is collected, based on signs, symptoms, and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections, including specific organisms, are reviewed. Subsequently, action plans are formulated and executed, which is also analysed monthly and annually for trend identification. Additionally, the infection control data captures information on ethnicity.</p> <p>To support infection prevention, audits are regularly conducted, covering areas such as cleaning, laundry, use of personal protective equipment (PPE), and the procedures for donning and doffing PPE, as well as hand hygiene practices. Where necessary, corrective measures are taken. Staff are kept up to date on infection rates and outcomes of regular audits during staff meetings, with evidence documented in the minutes of these meetings.</p> <p>The facility experienced gastro outbreaks in April 2024, July 2024, and Covid-19 outbreaks in May 2024, July 2024, January 2025, and had an outbreak in the Kowhai wing at the time of audit. Training and debriefing</p>

		<p>sessions were conducted for prior events, and staff were seen to manage the current outbreak appropriately. Opportunities to improve management of previous outbreaks had been identified in post outbreak meetings and in staff meetings and these were clearly documented.</p> <p>The partial provisional audit verifies the infection programme including the surveillance of infections is suitable for the increase in hospital level residents.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Partial provisional</p> <p>The facility implements Radius waste management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice room and laundry area. Staff receive training and education in waste management and infection control as a component of the mandatory training. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas and for residents in isolation at the time of the audit as per guidelines. There is a sluice room in each of the units with sanitisers and adequate supplies of PPE, including eye wear.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight, and this was observed to be occurring at the time of the audit. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety</p>

		<p>training.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers / laundry bags was witnessed. All resident's clothing, linen and towels are laundered on site. Visual inspection of the on-site laundry service demonstrated the implementation of a clean/dirty process. Residents' clothing is labelled and personally delivered to their rooms. Residents and family/whānau confirmed satisfaction with laundry services in interviews and in satisfaction surveys.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation with the infection control team. There was no construction, installation, or maintenance in progress at the time of the audit.</p> <p>The partial provisional audit verifies the cleaning and laundry processes are suitable for all residents, including those in the proposed dual purpose beds.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The clinical nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint elimination and implementation across the organisation. At the time of the audit, there were two residents using restraint (both lap belts), all consents, approval, monitoring and reviews were completed as per policy.</p> <p>Training for all staff occurs at orientation and annually and records were sighted in staff files. This includes a competency assessment.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

No data to display
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End of the report.